

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

'57 023120  
STATE FILE NUMBER

FILED JUL 1 1957

Registration District No. 317 Primary Registration District No. 548 Registrar's No. 1444

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> ✓	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Webster Groves</u>		c. CITY OR TOWN <u>Normandy</u> <u>41810</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Glenwood Sanitorium</u>		d. STREET ADDRESS (If outside, give location) <u>3053 Delavan Drive</u>	
Length of stay in lb <u>5 months</u>		- Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <u>JAMES WESLEY McFARLAND</u>			4. DATE OF DEATH <u>June 7th, 1957</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	
8. DATE OF BIRTH <u>October 4, 1875</u>		9. AGE (In years last birthday) <u>81</u>		10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months <u>8</u> Days <u>3</u> Hours <u>0</u> Min. <u>0</u>	
11. BIRTHPLACE (City and state or country) <u>Mattoon, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13. FATHER'S NAME <u>Jacob McFarland</u>			14. MOTHER'S MAIDEN NAME <u>Suzi Schick</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>unk.</u>		17. INFORMANT <u>Wayne McFarland</u> Address <u>11 Claychester</u>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchial pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) _____	
DUE TO (c) _____		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Cerebral arteriosclerosis</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>		<u>491X</u>	

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		20f. COUNTY STATE	

21. I attended the deceased from <u>2-26-1957</u> to <u>6-7-1957</u> and last saw <del>him</del> <u>him</u> alive on <u>6-6-1957</u> Death occurred at <u>5:18 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>John A. Bergmann MD</u>		22b. ADDRESS <u>1300 Grant Road</u>		22c. DATE SIGNED <u>6-7-1957</u>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Entombment</u>		23b. DATE <u>6/8/57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Mausoleum</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>	
24. FUNERAL DIRECTOR <u>C. R. Lupton &amp; Sons</u>		ADDRESS <u>7233 Delmar Blvd.</u>		25. DATE RECD. BY LOCAL REG. <u>6-7-57</u>		26. REGISTRAR'S SIGNATURE <u>Herbert R. Somke MD</u>	

(Licensed Embolmer's Statement on Reverse Side)

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 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 Doctor, coroner, etc. must use only standard embolmer's statement form for the purpose of certifying to a death due to natural causes. Coroner cannot certify to a death due to natural causes.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ..... Student Embalmer No. .... working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed *Arnold W. Schoene*

Licensed Embalmer No. *38*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.