No. 300
10-48

FILED SEP 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34419

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 542 Registrar's No. 2193

1. PLACE OF DEATH
a. COUNTY: St.Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richmond Heights
c. LENGTH OF STAY (in this place): 1-week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 33 St.Mary's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: ✓
c. CITY OR TOWN: St.Louis
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
STREET ADDRESS (If rural, give location): 2/2 5221 Westminster Place

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): Hamilton
c. (Last): FARISH Jr.

4. DATE OF DEATH (Month) (Day) (Year): Sept. 2, 1957

5. SEX: M.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 10,1898
9. AGE (In years last birthday): 59
IF UNDER 1 YEAR Months 2 Days 22
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Real Estate
10b. KIND OF BUSINESS OR INDUSTRY: Realty
11. BIRTHPLACE (City and State or Foreign Country): St.Louis,Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: J.H.Farish
13b. MOTHER'S MAIDEN NAME: Janet Pearson
14. NAME OF HUSBAND OR WIFE: Mrs.Marie Carroll Farish

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): World War # 1
16. SOCIAL SECURITY NO.: 488-09-5174
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mr.John Brodhead,4404 Lindell Blvd.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Dilation of rt. ventricle (cor pulmonale)	2 wks.
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	(Hypertension of lesser circulation (secondary to pulmonary fibrosis ✓ (and emphysema	Uncertain
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Generalized arteriosclerosis	Uncertain
	Amyloidosis of kidneys & suprarenals	Uncertain

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 525X
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/20/44, *19*___, *to* 9/2/57, *19*___, *that I last saw the deceased alive on* 9/1/57, *19*___, *and that death occurred at* 1:45A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): G O Broun M.D.
23b. ADDRESS: G.O.Broun, M.D. 1325 South Grand Blvd.
23c. DATE SIGNED: 9/3/57

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Sept.4,1957
24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
24d. LOCATION (City, town, or county) (State): St.Louis,Missouri

DATE REC'D BY LOCAL REG.: 9-3-57
REGISTRAR'S SIGNATURE: Herbert R. Dombehn
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Arthur J. Donnelly 3840 Lindell Blvd.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by ~~me~~, or by me ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed [signature]

Licensed Embalmer No. 46

P. O. Address 3840 L

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.