

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014952

State File No. _____

1959
MAY 1

REG. DIST. NO. _____

PRIMARY REG. DIST. NO. _____

Registrar's No. **2 3387**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Bros.		d. STREET ADDRESS (If rural, give location) 2148 Victor St.	
3. NAME OF DECEASED (Type or Print) a. (First) William R b. (Middle) Farrow c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 4/4/59
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4/30/1880
9. AGE (In years last birthday) 78		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Laborer	11. BIRTHPLACE (State or foreign country) Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Laborer		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Samuel Farrow		13b. MOTHER'S MAIDEN NAME Sarah Williams	14. NAME OF HUSBAND OR WIFE Mamie Farrow
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. unk	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mamie Farrow 2148 Victor St.
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Acute Pulmonary Embolus</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>pt. Pulmonary cancer</i> DUE TO (c) <i>Pulmonary pneumonia</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Acute pleurocardiac disease</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>Heart Disease</i>	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>3/28/59</i> , 19___, to <i>4/2/59</i> , 19___, that I last saw the deceased alive on <i>4/4/59</i> , 19___, and that death occurred at <i>6:30</i> m., from the causes and on the date stated above.			
23a. SIGNATURE <i>[Signature]</i>		23b. ADDRESS <i>1901 Madison St</i>	23c. DATE SIGNED <i>4/4/59</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE <i>4/7/59</i>	24c. NAME OF CEMETERY OR CREMATORY Laurel Hill Cem.	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo
DATE REC'D BY LOCAL REG. <i>APR 6 59</i>	REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Edward Fendler 5611 South Grand Blvd.	

(Licensed Embalmer's Statement on Reverse Side)

Dr. G. B.

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

1.300

1.48

73

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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
Student Embalmer

Signed

Herbert J. Con Jr.

Licensed Embalmer No. _____

4800

P. O. Address _____

Kidwood 22 Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.