

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022864

STATE FILE NUMBER

FILED JUN 24 1959

Registration District No. _____ Primary Registration District No. _____ Registration No. **5510**

300
1-57

17
0
3

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, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pronounced dead at City Hospital		d. STREET ADDRESS (If outside, give location) 3339 Lemp Ave.	
Length of stay in 1b		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Quinn Middle --- Last Faris			4. DATE OF DEATH Month June Day 9 Year 1959		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 11, 1889	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Show Business	10b. KIND OF BUSINESS OR INDUSTRY Retired 3 yrs.	11. BIRTHPLACE (City and state or country) Tennessee	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME H. P. Faris	13b. MOTHER'S MAIDEN NAME Mary Blacknoll	14. NAME OF HUSBAND OR WIFE Lena Faris
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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. ---	17. INFORMANT Mrs. Lena Faris	Address 3339 Lemp Ave.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxiation		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Atherosclerosis	
	DUE TO (c) Atherosclerotic Heart Disease	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 420.0		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 542 A m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE Joseph M. Quinn, D.C. (Degree or title)	22b. ADDRESS 1300 Clark	22c. DATE SIGNED 6/9/59
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23a. BURIAL, CREATION, REMOVAL (Specify) Removal	23b. DATE June 11, 1959	23c. NAME OF CEMETERY OR CREMATORY Valhalla Burial Park	23d. LOCATION (City, town, or county) Belleville, Ills.
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24. FUNERAL DIRECTOR Gebken-Benz Mortuary	ADDRESS 2842 Meramec St. St. Louis, Mo.	25. DATE RECD. BY LOCAL REG. JUN 9 '59	26. REGISTRAR'S SIGNATURE Neal Smith, M.D.
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(Licenses and Registrar's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

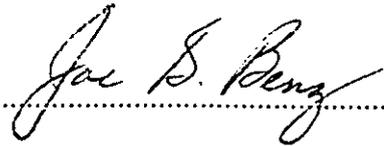
All diseases in Part I must be causally related.

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



Licensed Embalmer No. 4249.....

P. O. Address 2842 Meramec St., St. Louis, Mo. 63118.....

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