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61-006462

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____ STATE FILE NUMBER _____

FILED VS FEB 28 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Length of stay in 1b		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY		c. CITY OR TOWN ST. LOUIS		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6455 So. KINGSHIGHWAY				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 6455 So. KINGSHIGHWAY				Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First ELMER Middle W Last FARRIS						4. DATE OF DEATH Month FEB. Day 16 Year 1961							
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 OCT. 13. 1886		9. AGE (last birthday) 74		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED SHIPPING CLERK - BUXTON SKINNER				10b. KIND OF BUSINESS OR INDUSTRY MISSOURI				12. CITIZEN OF WHAT COUNTRY U-S-A					
13a. FATHER'S NAME WILLIAM C FARRIS				13b. MOTHER'S MAIDEN NAME LULU DRESS				14. NAME OF HUSBAND OR WIFE EMMA FARRIS					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES W.W. #1				16. SOCIAL SECURITY NO.				17. INFORMANT Address EMMA FARRIS 6455 S. KINGSHIGHWAY					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Myocarditis										INTERVAL BETWEEN ONSET AND DEATH 10 yrs			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 422.2													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Prostatitis & Chronic Parenchymatous Nephritis								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
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.) Nephritis									
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year		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 _____			
21. I attended the deceased from Jan 10, 1953 to Feb 14, 61 and last saw him alive on Feb 14, 61 Death occurred at 432 A. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) O.D. Meyer, M.D.						22b. ADDRESS 6029 S. Kingshighway Bl			22c. DATE SIGNED 2/17/61				
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE FEB. 20, 1961		23c. NAME OF CEMETERY OR CREMATORY SUNSET BURIAL PARK			23d. LOCATION (City, town, or county) ST. LOUIS, MO.						
25. DATE RECD. BY LOCAL REG. FEB 17 1961						26. REGISTRAR'S SIGNATURE Loan Smith, M.D.							
GENERAL DIRECTOR ADDRESS Thomas Kutia 2906 GRAVOIS													

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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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 Eleanor Province

Licensed Embalmer No. 3402

P. O. Address 2906 Garrison

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.