

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

3160-61-010758 STATE FEE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. \_\_\_\_\_

AMENDED

FILED APR 14 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>Missouri</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY _____	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Length of stay in 1b _____	c. CITY OR TOWN <u>St. Louis</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Anthony Hosp.</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>4108 Blow. Ave.</u>
3. NAME OF DECEASED (Type or print) First <u>Hugh</u> Middle <u>A.</u> Last <u>Farnand</u>		4. DATE OF DEATH Month <u>April</u> Day <u>1</u> Year <u>1961</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-21-86</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Supt. Mesaba Range</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Stove Mfgt.</u>	11. BIRTHPLACE (City and state or country) <u>Canada</u>
13a. FATHER'S NAME <u>Patrick Farnand</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Fahey</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. <u>U.N.</u>	
17. INFORMANT <u>Catherine Farnand</u>		Address <u>4108 Blow.</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>ARTERIOSCLEROTIC HEART DISEASE WITH ACUTE FAILURE 3 DAYS</u>			INTERVAL BETWEEN ONSET AND DEATH <u>UNK</u>
DUE TO (b) <u>ARTERIOSCLEROSIS GEN. AND OLD INFARCTION</u>			<u>420.0H</u>
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>1) DIABETES MELLITUS 2) CARCINOMA OF COLON WITH METASTASES</u>			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 checked="" type="checkbox"/> NO <input 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.) _____			
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 <u>Nov 9 1956</u> to <u>APR 1 1961</u> and last saw <sup>him</sup> him alive on <u>APR. 1 1961</u>			
Death occurred at <u>11:15 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Henry Shover M.D.</u>		22b. ADDRESS <u>815 Olive St.</u>	
22c. DATE SIGNED <u>Apr. 3 '61</u>		_____	
23a. BURIAL, CREMATION, REMOVAL (Specify) _____	23b. DATE <u>4-5-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Resurrection</u>	
23d. LOCATION (City, town, or county) _____		(State) _____	
24. FUNERAL DIRECTOR ADDRESS <u>Southern Funeral Home. 6322 S. Grand Blvd.</u>		25. DATE RECD. BY LOCAL REG. <u>APR 4 1961</u>	26. REGISTRAR'S SIGNATURE <u>Earl Smith. M.D.</u>

Dr. Warner.  
Paul Brown Bldg.

**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 David Van Jensen

Licensed Embalmer No. 4242  
P. O. Address St. Louis Mo

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.