SOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-038529
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9960

FILED NOV 10 1961

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Firmin Desloge Hospt
Inside Limits Yes ☐ No ☐

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 ☐ No ☐
d. STREET ADDRESS (If outside, give location): 4201 Peck St.
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Girard Middle E. Last Farrar
4. DATE OF DEATH: Month 10 Day 26 Year 61
5. SEX: M
6. COLOR OR RACE: W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9/28/86
9. AGE (last birthday): 75
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
10b. KIND OF BUSINESS OR INDUSTRY: Salesman
11. BIRTHPLACE (City and state or country): St. Louis
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: Girard Farrar
13b. MOTHER'S MAIDEN NAME: Mary Hinds
14. NAME OF HUSBAND OR WIFE: Ann E. Farrar
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): ----
16. SOCIAL SECURITY NO.: 494-09-4423
17. INFORMANT: Mrs. Ann Farrar Address: 4201 Peck St.

MEDICAL CERTIFICATION

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; compound fracture of left hip (injured); suffered when car operated by deceased struck
DUE TO (b) several parked cars in the vicinity of 3724 Kossuth drive
DUE TO (c) (Fairgrounds park) on Sept. 25th 1961 at about 11:25 A.M.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
accident
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) See above
20c. TIME OF INJURY Hour 11:25 a.m. p.m. Month, Day, Year 9-25-61
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Park drive
20f. CITY, TOWN, OR LOCATION St Louis, Mo COUNTY STATE

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at 2:20 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Helen L. Taylor, Coroner
22b. ADDRESS: 1300 Clark Ave.
22c. DATE SIGNED: 10-27-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10/30/61
23c. NAME OF CEMETERY OR CREMATORY: Bellefontaine
23d. LOCATION (City, town, or county): St. Louis (State): Mo

24. FUNERAL DIRECTOR: Robert D. Kinealy ADDRESS: 2228 St.LouisAve.
25. DATE RECD. BY LOCAL REG.: OCT 27 1961
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

DATE AMENDED
INSTEAD OF
DOCUMENT
SHOULD READ
BY AFFIDAVIT OF
ITEM NO.

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. 4800

P. O. Address Kirkwood 23

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.