# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

Do not use this space.

38763

**1. PLACE OF DEATH**

County..... Registration District No. 791 File No.....

Township..... Primary Registration District No. 1003 Registered No. 1491

City St Louis (No. 2746a Chippewa St. ..... Ward)

**2. FULL NAME** Laura Mary Farrell

(a) Residence. No. 2746a Chippewa St., 24 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| Female | White | Married |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Farrell

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 4-1878

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 49 | — | 17 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Wm Spellmeyer
11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY) Germany

14. INFORMANT John P Farrell
(Address) 2746a Chippewa

15. FILED DEC 23 1927, 19..... Max E Starkoff REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 21 1927

17. I HEREBY CERTIFY, That I attended deceased from Jan 10 1927, to Dec 21 1927, that I last saw her alive on Dec 21, 1927, and that death occurred, on the date stated above, at 3.30 p m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Nephritis chronic
121
1328 (duration) 1 yrs. 6 mos. — ds.

CONTRIBUTORY (SECONDARY) Uremia
(duration) ..... yrs. ..... mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED, IF NOT AT PLACE OF DEATH? Home

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Edward Wenger, M. D.

12.22.1927 (Address) 2002 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal.

| 19. PLACE OF BURIAL, CREMATION, OR REMOVAL | DATE OF BURIAL |
|---|---|
| St Peter Paul | Dec 24 1927 |
| **20. UNDERTAKER** | **ADDRESS** |
| Wacker-Helderle | 2331 S Broadway |

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.