

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

Do not use this space.

15072

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City.....

*St. Louis* (No. *Josephine Hosp.*)

File No.....

Registered No. **3990**

St.....

Ward.....

**2. FULL NAME**

(a) Residence. No. **3572**

(Usual place of abode)

*Edward P. Farrell*

*Vista - apt. 18*

Ward.....

(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)

*Male*

*White*

*Single*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

*about 1855*

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

*Abt. 73*

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

*Clerk*

(b) General nature of industry, business, or establishment in which employed (or employer)

*Terminal R.R.*

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

*Ireland*

10. NAME OF FATHER

*Ed Farrell*

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

*Ireland*

12. MAIDEN NAME OF MOTHER

*Unknown*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

*Ireland*

14.

INFORMANT (Address)

*J. W. Kerner  
Crime Office*

15.

FILED

*PR 11 1927*

*Max C. Starkoff*

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

*April 10 1928*

17.

I HEREBY CERTIFY, That I attended deceased from.....

, 19....., to....., 19.....

that I last saw him..... alive on....., 19....., and that death occurred, on the date stated above, at.....

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Chronic Myocarditis  
90B, 7.30*

CONTRIBUTORY (SECONDARY)

*Hoop*

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY?..... *yes*

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed).....

*J. W. Kerner, M.D.*

4/11, 1928 (Address) *Dep. Coroner*

\*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

*Calvary*

*April 12 1928*

20. UNDERTAKER

ADDRESS

*The Sutes*

*Epavos*

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

THIS IS A PERMANENT RECORD

