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

Do not use this space.

31698

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 8934

City St. Louis (No. 1120a Tyler St St. ..... Ward)

2. FULL NAME Manudaline F. Farley

(a) Residence. No. 1120a Tyler St St., 26 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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 Robert S. Farley

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 17, 1909

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	19	1	17	

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

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

PARENTS

10. NAME OF FATHER Nicholas Buchmeller

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) St. Louis Mo.

12. MAIDEN NAME OF MOTHER Ida Fudge

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Nashville Tenn.

14. INFORMANT Robert S. Farley
(Address) 1120a Tyler St

15. FILED ..... 19.. Mary C. Starkle Jr. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 4, 1928

17. I HEREBY CERTIFY, That I attended deceased from 8-29, 1928 to 9/4, 1928 that I last saw her alive on 9/4, 1928, and that death occurred, on the date stated above, at 4:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Puerperal Septicemia
145A
150A
(duration) ..... yrs. ..... mos. 7 or 8 ds.

CONTRIBUTORY (SECONDARY) Child birth about 2 weeks
(duration) ..... yrs. ..... mos. ..... ds.

146

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

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

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) R. H. Walker, M. D.

9/5, 1928 (Address) 3545 Lindell

*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 Friedens — DATE OF BURIAL Sept 6, 1928

20. UNDERTAKER Math Hermann & Son — ADDRESS 3950 Carter Ave

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.