

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

Do not use this space.

23086

File No. 6531  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. 791  
Township \_\_\_\_\_ Primary Registration District No. 1003  
City St Louis (No. 5607, Clamens Ave)

**2. FULL NAME**

(a) Residence. No. \_\_\_\_\_ St. 5 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Peter H Mellon</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Unknown 1846</u>		
7. AGE <u>abt. 80</u>	YEARS <u>unknown</u>	MONTHS <u>unknown</u>
	DAYS <u>unknown</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>at home</u> (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) Ireland

PARENTS	10. NAME OF FATHER <u>John Farley</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Ireland</u>
	12. MAIDEN NAME OF MOTHER <u>Unknown</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Ireland</u>

14. INFORMANT Susie Mellon  
(Address) 5607 Clamens Ave

15. FILED Jun 18 1929 19 \_\_\_\_\_  
REGISTRAR [Signature]

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 17 1929  
17. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1929, to June 17, 1929, that I last saw her alive on 16 June, 1929 and that death occurred, on the date stated above, at 1205 P m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Valvular disease of heart  
Labr  
90W  
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

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) John B Rule, M. D.  
6/18 1929 (Address) 1023 N. Grand

\*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 Cabary DATE OF BURIAL 6-19 1929  
20. UNDERTAKER Arthur J Donnelly ADDRESS 2039 Wash St

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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