

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

Do not use this space.

2356

1. PLACE OF DEATH

County St. Louis
Township Central
City University (No. 7026 Melrose)

Registration District No. 1160
Primary Registration District No. 4770

File No. _____
Registered No. 1
St. _____ Ward) _____

2. FULL NAME

Emelie Farre

(a) Residence. No. 7026 Melrose St. _____ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 18, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
66 9 15

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) 235
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) France 9

10. NAME OF FATHER Oliver Vallon

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) France

12. MAIDEN NAME OF MOTHER Un Known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) France

14.

INFORMANT Robert Roth
(Address) 7026 Melrose

15.

FILED 1-4 19 32 Lena V. Moeller
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 3 1931

17. I HEREBY CERTIFY, That I attended deceased from 12-12-1931 to Jan 3 1931 that I last saw him alive on 9-2-1931 and that death occurred, on the date stated above, at 9:35 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

chronic Myocarditis

CONTRIBUTORY chronic nephritis (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? DATE OF ①

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) W. T. White M. D.

1-4-1932 (Address) 2803 N. Kingshighway

*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

St. James Mo.

DATE OF BURIAL

Jan 5 1931

20. UNDERTAKER

Shepard Funeral Home

ADDRESS 1167-69

Hamilton 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.

RECORD

25-25

PARENTS

