

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

Do not use this space.

24453

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City *St. Louis Mo.* (No. *Sanctiarnon*) St. Ward.....

File No.
Registered No. **5822**
St. Ward.....

2. FULL NAME

Katherine Farrell
(a) Residence, No. *4034 N. Taylor St.* Ward. *13*
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred *65* yrs. + mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>June 27, 1866</i>		
7. AGE	YEARS <i>67</i>	MONTHS <i>-</i>
	DAYS <i>5</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Philadelphia Pennsylvania</i>	13. NAME <i>Unknown</i>	
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ireland</i>	15. MAIDEN NAME <i>Unknown</i>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ireland</i>	17. INFORMANT <i>A. Schmeising</i> (ADDRESS) <i>5400 Arsenal</i>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Calvary</i> DATE <i>July 5</i>	19. UNDERTAKER (ADDRESS) <i>Boots & Carrolls</i> <i>5000 Natural Bridge</i>	
20. FILED <i>JUL 5 1933</i>	19. <i>J. A. Bredeck</i> Registrar.	

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July, 1933*

22. I HEREBY CERTIFY, that I attended deceased from *June 3, 1933* to *July 1, 1933*
I last saw her alive on *July 1, 1933* Death is said to have occurred on the date stated above, at *2:28* m.
The principal cause of death and related causes of importance were as follows:
Date of onset *6/3/33*
Chronic Myocarditis
930
97
162
930
Other contributory causes of importance:
Arterio-sclerosis
& Senility
Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) *Clifford Schmeising* M. D.
(Address) *5400 Arsenal*

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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