

MAY 3 1935

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

Do not use this space.

15055

## 1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **St. Louis** (No. **779** **Aubert Ave.**)

File No. ....  
Registered No. **3938**  
St. .... Ward)

2. FULL NAME **Minnie Borghoff Farrell**

(a) Residence, No. **779 Aubert Ave.** St., **12** 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 <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Widowed</b>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Thomas Farrell</b>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>July 16th, 1864</b>				
7. AGE YEARS <b>70</b>	MONTHS <b>9</b>	DAYS <b>14</b>	IF LESS than 1 day, ..... hrs. or ..... min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Home</b>			
	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).....		11. Total time (years) spent in this occupation.....	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**13. NAME **Carl Sergel**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**15. MAIDEN NAME **Louise Unknown**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**17. INFORMANT (ADDRESS) **Charles St. Borghoff**  
**779 Aubert Ave.**18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Peter's Cem.** DATE **May 2nd,** 19 **35**19. UNDERTAKER (ADDRESS) **Frehmann & Son**  
**1905 Union Blvd.**20. FILED **APR 30 1935**  
**J. Bredeck**  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 30th, 1935**

22. I HEREBY CERTIFY, That I attended deceased from **April 26 - 1935** to **April 30th, 1935**  
I last saw him alive on **April 30th, 1935**. Death is said to have occurred on the date stated above, at **8:30 a.m.**

The principal cause of death and related causes of importance were as follows:

**Pneumonia** Date of onset **4/26/35**

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? **clinical** 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? **no**

If so, specify.....

(Signed) **Frank L. Davis**, M. D.(Address) **University Club Bldg.**

University club  
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