

JUN 12 1935

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

Do not use this space.

17725

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis, Mo.** (No. **4**) **St. Louis City Hospital #1.** St. Ward)

2. FULL NAME **Laura V. Farnen**

(a) Residence, No. **814 Hickory Street** St. **22** 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 **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 **Lawrence Farnen**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 13, 1881**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	53	5	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housewife**

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) **Carrolton, Missouri**

13. NAME **(Unknown) Fry**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

15. MAIDEN NAME **Alice (Unknown)**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT **Lawrence Farnen** (ADDRESS) **814 Hickory Street**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Matthew** DATE **May 4th** 19**35**

19. UNDERTAKER **Wich Brothers** (ADDRESS) **2201 S. Grand Blvd.**

20. FILED **MAY -2 1935** 19 **J. F. Brudeck** Registrar.

MEDICAL CERTIFICATE OF DEATH
No Physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 1st** 19**35**

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

I last saw h..... alive on, 19..... Death is said

to have occurred on the date stated above, at **3:30 A.M.**

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

Chronic Myocarditis, Arterio sclerosis, Chronic Interstitial Nephritis, Fatty Liver.

Date of onset

Other contributory causes of importance:

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Name of operation..... Date of

What test confirmed diagnosis?..... Was there an autopsy? **Yes**

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) **J. F. Brudeck**, M. D.

(Address) **St. Louis, Mo.**

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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SOFT COPY OF [unclear]

GENERAL INFORMATION

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