

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

Do not use this space.

JUL 12 1935

21302

1. PLACE OF DEATH

County, St. Louis

Registration District No. **791**

1003

Township, St. Louis

Primary Registration District No. City Hospital #2

City, St. Louis (No. City Hospital #2)

File No. 5237

Registered No. 5237

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2900 Gravelle St. Ward. 21

(Usual place of abode) Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Georg MacFarland

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 14 - 1917

7. AGE YEARS 20 MONTHS 8 DAYS 29 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Ill

13. NAME MacFarland Sr

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

15. MAIDEN NAME Bernia Fragans

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT Bernia Harding

(ADDRESS) 2111 G Wash St

18. BURIAL, CREMATION, OR REMOVAL PLACE La. St. Louis DATE 6/17/1935

19. UNDERTAKER W. M. Green

(ADDRESS) 2517 La Grange ave

20. FILED JUN 17 1935 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/13 1935

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 12:45 m.

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

Headshot of husband
Attorney
Homicide 173
Date of onset _____

Other contributory causes of importance: _____

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? Homicide Date of injury 6/12, 1935.

Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Shot by person

Nature of injury Headshot of husband

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) J. F. Bredeck M.D.

(Address) 2517 La Grange 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 WITH UNFADING INK—THIS IS A PERMANENT RECORD

