

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.

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

Do not use this space.

OCT 23 1935

791
1003

30867

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City *St. Louis*, (No. *St. Johns Hospital* St. Ward)
Registered No. *7656*

2. FULL NAME

Edward E. Farrell
(a) Residence, No. *#510 Lake Ave.* 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 *Male* 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 *Cleary Farrell*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan 22 - 1875*

7. AGE YEARS *60* MONTHS *7* DAYS *19* If LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Pharmaceutical*

10. Date deceased last worked at this occupation (month and year) *Salesman* U. Total time (years) *20* mos. *10* ds. *10* min.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Olney, Ill.*

13. NAME *Conrad S. Farrell*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Olney, Ill.*

15. MAIDEN NAME *Sarah Baird*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Olney, Ill.*

17. INFORMANT (ADDRESS) *Mrs. Edw. E. Farrell #510 Lake Ave.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Oak Hill Cem.* DATE *9/12/35*

19. UNDERTAKER (ADDRESS) *D. R. Rupton & Sons #4449 Olive St.*

20. FILED *SEP 11 1935* Registrar. *J. F. Bredack*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 10th 1935*

22. I HEREBY CERTIFY, That I attended deceased from *Dec. 1*, 1933, to *Sept 9*, 1935

I last saw him alive on *Sept 9*, 1935 Death is said to have occurred on the date stated above, at *10:30 A.M.*

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

Chronic Nephritis Date of onset *1 yr*

Other contributory causes of importance: *12 4 6*

Hyper trophic cirrhosis of liver with ascites

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? *no*
If so, specify

(Signed) *Fred Kramer*, M. D.
(Address) *634 N. Grand*

1870
1871
1872
1873
1874
1875
1876
1877
1878
1879
1880
1881
1882
1883
1884
1885
1886
1887
1888
1889
1890
1891
1892
1893
1894
1895
1896
1897
1898
1899
1900