NOV 4 1936

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

Do not use this space.

39172

File No.
Registered No. 10203

1. PLACE OF DEATH

County
Registration District No. 791
Township
Primary Registration District No. 1003
City St. Louis (4033 Cote Brilliante Ave St. Ward)

2. FULL NAME Rose Farrell

(a) Residence, No. 4033 Cote Brilliante Ave 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Edward Farrell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 22nd, 1874

7. AGE: Years 62 Months 7 Days 16 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Matron City Hosp
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) St. Louis (STATE OR COUNTRY) Mo

FATHER
13. NAME John Howard
14. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Mary Binnings
16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo

17. INFORMANT Mrs Nellie Lichtenstein
(ADDRESS) 4033 Cote Brilliante Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemt DATE Oct. 19th 36

19. UNDERTAKER Harrigan & Sheahan Und Co.
(ADDRESS) 4415 Washington Blvd.

20. FILED OCT 9 1936 J. T. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 8th. 36

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 7:30AM.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
Chr. Myocarditis	
Arteriosclerosis	

Other contributory causes of importance:

59

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) Harold Pelner M.D.
(Address) Office

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD