

JAN 10 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. 791
Primary Registration District No. 1003

File No. 46628
Registered No. 12422
St. Ward)

2. FULL NAME

(a) Residence, No. 5929 Minerwa b 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 W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ida E. Patke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 19, 1897

7. AGE YEARS 39 MONTHS 10 DAYS 27
If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Also manager
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Printing Co.
10. Date deceased last worked at this occupation (month and year) 1937
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brooklyn

13. NAME George H. Farrell

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

15. MAIDEN NAME Rebecca Boyle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT Ida E. Farrell

(ADDRESS) 5929 Minerwa

18. BURIAL, CREMATION, OR REMOVAL
Burial Peter & Paul DATE Dec. 19, 1936

19. UNDERTAKER Chas. S. Stearns

(ADDRESS) 1225 Union Blvd.

20. FILED Dec. 10 1936 J. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1935 to Dec. 16, 1936

I last saw him alive on Dec. 16, 1936. Death is said to have occurred on the date stated above, at 1:30 p.m.

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

Cerebral hemorrhage 12-16-36
Other contributory causes of importance: arteriosclerosis, Hypertension

Name of operation: Craniotomy
Date of: Dec. 16, 1936
What test confirmed diagnosis: Autopsy
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) Charles Stearns, M. D.
(Address) 300 A. Robinson

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.

Wm. C. C. Whit
1300 Woodman