FEB 8 1937

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

Do not use this space.

96 30 9

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, (No. City Hospital No. 1 St. ..... Ward)

File No. 3771 807

Registered No. .....

B. 14588 Michael Farrington

2. FULL NAME .....

(a) Residence, No. City Hospital No. 1 St., 23 Ward. 1 (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: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 23, 1891

7. AGE: 45 YEARS | MONTHS: 5 | DAYS: 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... house gang 237

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ..... City Hospital No. 1

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): Ireland 15

FATHER

13. NAME: John Farrington

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland 15

MOTHER

15. MAIDEN NAME: Mary McDermontt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Missouri

17. INFORMANT (ADDRESS): Hosp. Info. M.H. Kent City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE January 20, 1937

19. UNDERTAKER (ADDRESS): Geo. L. Pleitsch Inc 5966 Easton Ave

20. FILED JAN 19 1937 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1/17/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 1/7/37, 19..., to 1/17/37, 19...

I last saw him alive on 1/17/37, 19... Death is said to have occurred on the date stated above, at 6.25p.

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

Pul. Tuberculosis

Date of onset

Other contributory causes of importance: 23

Name of operation ..... Date of .....

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

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? NB 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 None

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NB

If so, specify .....

(Signed) Geo. J. Boyle, M. D.

(Address) City Hospital No. 1

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.

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