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

791

32287
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis
(b) Township Cen
(c) City St. Louis
Registration District No. 1003
Primary Registration District No.
Registered No. 8341
(d) Street No. 6129 Suburban Ave., St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Trence J. Farrell.
(a) Residence, No. 6129 Suburban Ave., St. 5
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Mary E. Farrell
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8, 1862.
7. AGE: Years 75 | Months I | Days 25 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Street railway Moterman
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

FATHER
13. NAME Thomas Farrell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Jane ?
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Mrs. Mary E. Farrell
(ADDRESS) 6129 Suburban Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cm., DATE Sept. 6/37.

19. FUNERAL DIRECTOR Jos. W. Clark
(ADDRESS) 1125 Hodiamont Ave.

20. FILED SEP 4 1937 J. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 2/37. 19

22. I HEREBY CERTIFY That I attended deceased from Aug 23, 1937, to Sept 2, 1937.
I last saw him alive on Sept 2, 1937. Death is said to have occurred on the date stated above, at 11.00 P.M.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset Aug 23/37

Other contributory causes of importance:
Hypertension
Chronic Myocarditis

Name of operation None — Date of
What test confirmed diagnosis? lab — Was there an autopsy No

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) Nulof Herdeman, M. D.
(Address) 333 Metropolitan Bldg

(Licensed Embalmer's Statement on Reverse Side)

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.

Sept. 1917.
2.30 P.M.
Sep. 4 14.

STATEMENT BY LICENSED EMBALMER

I, Jos. W. Clark, Licensed Embalmer No. I66I.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Jos. W. Clark

Licensed Embalmer No. I66I.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)