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.

35945

NOV 15 1937

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 9522

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

City St. Louis, Mo. (No. ....., ISOLATION HOSP St. ..... Ward)

2. FULL NAME Mrs. Mary Farrell

(a) Residence, No. 5408 South Broadway St., 15 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 14, 1853

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	84	7	28	

OCCUPATION

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

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) (STATE OR COUNTRY) Hanover Germany

FATHER

13. NAME UNKNOWN

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

MOTHER

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT (ADDRESS) A. Lane, 5600 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE VALHALLA CEM DATE Oct. 14, 1937

19. UNDERTAKER (ADDRESS) JOS. P. FENDLER JR 7128 MICHIGAN AV.

20. FILED OCT 13 1937 19 F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 8, 1937, to Oct. 11, 1937

I last saw her alive on Oct. 11, 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:

	Date of onset
Encephalitis, Epidemic	10-6-37

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? clinical 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? .....

If so, specify .....

(Signed) [signature], M. D.

(Address) 5 W. Arsenal

I JOS P. FENDLER JR LICENCED EMBALMER #925

HEREBY CERTIFY THAT THE BODY RECORDED ON THE REVERSE SIDE OF THIS CERTIFICATE WAS EMBALMED BY MYSELF

Jos. P. Fendler Jr

Licence #925