

REC'D FEB 10 1939

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

384
Do not use this space.

1. PLACE OF DEATH

(a) County..... / Registration District No. 791
(b) Township..... Primary Registration District No. 1003
(c) City St. Louis / (d) Street No. St. John's Hospital Registered No. 384
(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

640 Memie Farrell
(a) Residence, No. 5058 Lotus Ave. St. 6 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wifowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 19, 1878
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 0 22

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as 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 James Heeney
14. BIRTHPLACE (CITY OR TOWN) Ky.
(STATE OR COUNTRY)

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

17. INFORMANT Eileen Farrell
(ADDRESS) 5058 Lotus Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Jan. 14, 1939

19. FUNERAL DIRECTOR (NAME) Arthur J. Donnelly
(ADDRESS) 3840 Lindell Blvd.

20. FILED JAN 12 1939 J. F. Brehm Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept. 17, 1935, to 1-11-1939
I last saw her alive on 1-11-1939. Death is said to have occurred on the date stated above, at 2 P.M.

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

Carcinomatosis gen. Date of onset

Other contributory causes of importance: 50

Name of operation Removal of Right Breast Date of 1935
What test confirmed diagnosis? Path. 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) R. F. Lyland, M. D.
(Address) 2901 E. Park

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No..... working under my personal supervision.

Signed

Stanley Marchlewski

Licensed Embalmer No.

2868

P. O. Address

3845 Wendell

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.)

If this body is not embalmed, above space should be left blank.