SEP 11 1939

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33438

Registration District No. 78 [illegible]

Primary Registration District No. 100

Registrar's No. 1625

1. PLACE OF DEATH: 3

(a) County St. Louis

(b) City or town Brentwood
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Gould Worth Nursing Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 Mo. (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State MO - (b) County St. Louis

(c) City or town MAPLEWOOD —
(If outside city or town limits, write "RURAL")

(d) Street No. 2801 BIG BEND RD. —
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME MAYME FARRELL 640

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Female

5. Color or race W.

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Nov. (Month) 2, (Day) 1877 (Year)

8. AGE: Years 61 Months 10 Days 8 If less than one day ..... hr. ..... min.

9. Birthplace St. Louis, (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Tailoring (retired) 0

11. Industry or business Clothing

FATHER
12. Name Bernard Farrell 5
13. Birthplace Dublin, Ireland (City, town, or county) 5 (State or foreign country)

MOTHER
14. Maiden name Margaret Collins
15. Birthplace Dublin, Ireland (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Margaret Kretschmar
(b) Address 1083 Curran, Kirkwood

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/13/39 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director M. J. Croghan
(b) Address 7146 Manchester Ave.

19. (a) SEP 11 1939 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 10
year 1939 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 1st 1937 ~~Sept~~, 19.., to Sept. 10, 1939;
that I last saw her alive on Sept 9th, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death 1. Acute Dilatation Heart.

Due to Terminal Bronchopneumonia

Due to Arteriosclerosis

Other conditions Parkinsons Disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations 10 Ja
Of autopsy

Duration: Has been chronic invalid 3 years Pneumonia 3 days

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature [illegible] (M. D. or other)
Address 671 E Big Bend Webster Grove, Mo. Date signed 9-11-39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

I X19511

Dr. Martin
671 E. Big Bend

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

Francis A. Williamson, Registered Apprentice No.

working under my personal supervision.

Signed Francis A. Williamson

Licensed Embalmer No. 3565

P. O. Address 7146 Manchester Ave.

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.