

590  
No. 2  
-10-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

27113

SEP 25 1940 791

1003

State File No.

Registrar's No.

7009

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: City Hospital, #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 Mo. 10 Days  
(Specify whether  
In this community 20 YEARS  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County \_\_\_\_\_  
(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2929 LAFAYETTE AVE.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17,  
year 1940 hour 11:20 minute \_\_\_\_\_ A. M.  
21. I hereby certify that I attended the deceased from July  
7, 19 40 to August 17, 19 40,  
that I last saw h. ER alive on August 17, 19 40,  
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Infarct.  
Due to Coronary Thrombosis  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME JAMELLA PEARL FARRELL

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MICHEL FARRELL 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased MARCH 25, 1881  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
59 4 22 hr. \_\_\_\_\_ min.

9. Birthplace LYONS STATION PENNSYLVANIA  
(City, town, or county) (State or foreign country)

10. Usual occupation A. T. HOME

11. Industry or business \_\_\_\_\_

12. Name FRANCIS BARR

13. Birthplace DONT KNOW PENNSYLVANIA  
(City, town, or county) (State or foreign country)

14. Maiden name ELIZABETH HELFRICH

15. Birthplace DONT KNOW PENNSYLVANIA  
(City, town, or county) (State or foreign country)

16. (a) Informant MICHAEL FARRELL

(b) Address 2929 LAFAYETTE AVE,

17. (a) CREMATION (b) Date thereof AUG. 20, 40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation VALHALLA CREMATORY

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 LINDELL BLVD.

19. (a) AUG 19 1940 (b) J.F. [Signature]  
(Date received local registrar) (City or county)

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?

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of Injury \_\_\_\_\_

28. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address 1515 Lafayette Ave. Date signed 8/19/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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 W. H. Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

**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.**