

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34157

State File No.

Registrar's No. 8854

Registration District No. 7911

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Christian Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days
(Specify whether
In this community Life Time
years, months or days)

3. (a) PRINT FULL NAME Ruth Marie Farrell

8. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Francis Emmett Farrell 6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased Jan. 2, 1909
(Month) (Day) (Year)

8. AGE: Years 31 Months 9 Days 24 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Micheal Uhl

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Mary Uhl

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Francis Emmett Farrell

(b) Address 4828 Bessie

17. (a) Burial (b) Date thereof Oct. 29, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Strook Carroll

(b) Address 4600 Natural Bridge

19. (a) Oct 28 1940 (b) _____
(Date received local registrar) (Date of death)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4828 Bessie
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 26,
year 1940 hour 345 minute 4 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Penetrating Gun Shot wound

Duration _____

Due to of a abdomen suffered about 10:30 P. M.

Due to Oct 23 1940 in home

Other conditions Deceased when
(Include prevalence within 3 months of death)

Major findings: Automatic Pistol was

discharged while

deceased was lying

Of autopsy Accident

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) Accident

(b) Date of occurrence 10/23/40

(c) Where did injury occur? St. Louis
(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) (e) Means of injury Gun

While at work _____

23. Signature Joseph M. Farrell (M. D. or other)

Address 4828 Bessie Date signed _____

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

Frank H. Street

Licensed Embalmer No. 2265

P. O. Address

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

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