

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27207
6999

State File No.

Registrar's No.

FILED SEP 17 1941

Registration District No. 791

Primary Registration District No. 1003

00
17
9
41
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Mo. (b) County..... 000
(c) City or town..... St. Louis. (If outside city or town limits, write "RURAL") 1720
(d) Street No. 2322 Mullanphy St. (If rural, give location) 9
(e) Citizen of foreign country?..... (Yes or No) 0
If yes, name country.....

3. (a) PRINT FULL NAME Thomas J. Farley.
3. (b) If veteran, name war..... None. 3. (c) Social Security No. None.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 28th.
year 1941 hour 1 minute 30 P.A.M.
21. I hereby certify that I attended the deceased from.....
..... 19..... to..... 19.....
that I last saw h..... alive on..... 19.....
and that death occurred on the date and hour stated above.

4. Sex Male (.) 5. Color or race White 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 November 19, 1911
(Month) (Day) (Year)

Immediate cause of death..... Cerebral Apoplexy. Duration
Due to.....
Due to.....
Other conditions.....
(include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
29 9 9 hr. min.

Major findings:
Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace St. Louis, Mo. (.)
(City, town, or county) (State or foreign country)
10. Usual occupation Clerk.
Govmt Internal Rev. Dept.

MOTHER FATHER
11. Industry or business.....
12. Name Frank V. Farley.
13. Birthplace St. Louis, Mo. (.)
(City, town, or county) (State or foreign country)
14. Maiden name Anna Mahoney.
15. Birthplace St. Louis, Mo. (.)
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ann Farley.
(b) Address 2322 Mullanphy Street.
17. (a) Burial (b) Date thereof 9-1-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery,

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.....

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindbergh Blvd
19. (a) AUG 29 1941 (b) J. T. Redek
(Date received local registrar) (Registrar's signature)

23. Signature Thomas J. Kellena (M. D. or other) 3
Address Deputy Coroner Date signed 9/29/41

William Matre

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 *William 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, fact should be so stated above.