

S. No. 2
M-5-42
v. 5-17-39
W 1 X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

4163

State File No.

Registrar's No. **1818**

FILED MAR 2 1943
Registration District No. **318**

Primary Registration District No.

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:
3407 Lafayette Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 39 yrs. (Specify whether years, months or days)

In this community 39 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3407 Lafayette Ave.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Sister Mary Vincentia Farrell

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F. 5. Color or race W.

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

6. (b) Name of husband or wife

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

7. Birth date of deceased May 7th., 1854
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	88	9	15	hr. min.

9. Birthplace Muscatine Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Religious

11. Industry or business

12. Name James Farrell

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

14. Maiden name Eileen Unknown
(City, town, or county) (State or foreign country)

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

16. (a) Informant Sister Caementina

(b) Address 3407 Lafayette Ave.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 2-25-43
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary

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

(b) Address 3840 Lindell Blvd.

19. (a) FEB 24 1943 (Date received local registrar)

J. J. Brudick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 22nd.
year 1943 hour 4 minute 15 P. M.

21. I hereby certify that I attended the deceased from Feb 23 to Feb 22, 1943
that I last saw her alive on Feb 22, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Atherosclerosis General Duration 5 yrs

Due to Myocarditis 5 yrs

Due to Degenerative 2 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 92

Of autopsy

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?
While at work? 0 (Specify type of place) Means of injury _____

23. Signature Miss Gladys (M.D. or other)

Address Miss Gladys Date signed 2/23

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

UNIV. CLUB Bldg. 1-3

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. 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, fact should be so stated above.