S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 30 1944

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 35844

Registrar's No. 9837

1. PLACE OF DEATH:

(a) County St. Louis Mo.
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6028 Maple (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 70 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 1/2 5
(c) City or town St Louis (If outside city or town limits, write "RURAL")
(d) Street No. 6028 Maple (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Mary E. Farrell
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male 1
5. Color or race White
6. (a) Single, widowed, married, divorced widow 2
6. (b) Name of husband or wife Farance
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 2, 1862 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
82	6	16	hr. min.

9. Birthplace 4 Ireland (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Self
FATHER
12. Name Michael J. Smith
13. Birthplace 4 Ireland (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Bridget Garvey
15. Birthplace 4 Ireland (City, town, or county) (State or foreign country)
16. (a) Informant Miss Gertrude Farrell
(b) Address 6028 Maple
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 21, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Joseph A. Howard
(b) Address 1619 S. Grand
19. (a) NOV 26 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 18
year 1944 hour 3 minute 40 P.M.
21. I hereby certify that I attended the deceased from Jan, 1940, to Nov 18, 1944
that I last saw her alive on Nov 18, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	
General Arterial Sclerosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations no	
Of autopsy no	

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 Eugene J. O'Malley (M. D. or other) MD
Address 634 N. Grand Date signed 11-20-44

(Licensed Embalmer's Statement on Reverse Side)

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 Jas A. Howard

Licensed Embalmer No. 4139

P. O. Address.....

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.