

FILED DEC 17 1946

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10369

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. Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 Weeks
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County NR
(c) City or town Allenton
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Cordelia G. Farrelly

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

4. Sex F! 5. Color or race W! 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John J. Farrelly 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 26th. 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 4 7 hr. min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name John J. Gross

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

14. Maiden name Caroline Pope

15. Birthplace St. Louis, MO.
(City, town, or county) (State or foreign country)

16. (a) Informant Francis L. Gross

(b) Address 418 Olive Street

17. (a) Burial (b) Date thereof 12-5-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur Donnelly

(b) Address 3840 Lindell Blvd

19. (a) DEC 17 1946 (b) J. F. Brueck
(Date received at local registrar's office) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 3,
year 1946 hour 11 minute 10 A.M.

21. I hereby certify that I attended the deceased from 9-25- 1946, to 12-3- 1946
that I last saw her alive on 12-3- 1946
and that death occurred on the date and hour stated above.

Immediate cause of death New Carcinomatous

Due to Cx of Ovaries - Primary Site

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Hyp
Of operations _____
Of autopsy _____

Duration

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? O (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) _____
of _____ Means of injury _____

23. Signature Paul A. New (M. D. or other) _____

Address New Allenton Date signed 12-4-46

RECORD - PERMANENT RECORD

MOTHER FATHER

Marshall
12-4

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3870 Lendell

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, fact should be so stated above.