

V. S. No. 2
00M-5-43
Rev. 5-17-39
I X34571

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 10 1947
Registration District No. **318**

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. **1003**

State File No. **2463**
886
Registrar's No. _____

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

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: St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary M. Farrell

3. (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 widowed

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

7. Birth date of deceased March 8 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>10</u>	<u>17</u>	_____ hr. _____ min.

9. Birthplace Booneville Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Christian Griesmeyer

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

{ 14. Maiden name Minnie Hass

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

16. (a) Informant Archie W. Griesmeyer

(b) Address 7153 Kensington

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Jan. 28, 1947
(Month) (Day) (Year)

(c) Place: burial or cremation New Picker Cemetery

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester Ave.

19. (a) JAN 27 1947 (b) J. F. Bradick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Maplewood
(If outside city or town limits, write "RURAL")

(d) Street No. 7153 Kensington Ave.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 25
year 1947 hour 2 minute 50 P.M.

21. I hereby certify that I attended the deceased from Jan 21, 1947, to Jan 25, 1947
that I last saw h. ER alive on Jan 25, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Due to _____

Due to _____

Other conditions Rheumatoid Arthritis + Typh
(Include pregnancy within 3 months of death) & Arteriosclerotic Heart Disease

Major findings: Of operations _____

Of autopsy _____

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) (e) Means of injury _____

23. Signature George P. Smith (M. D. or other) _____
Address St. Louis City Hosp Date signed _____

96
NR 5
27
Duration
3 days
PHYSICIAN
Underline the cause to which death should be charged statistically.

1
Alman C

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 3454

J Robert Sidman, Registered Apprentice No. 400
working under my personal supervision.

Signed David C Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

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.