FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18135

FILED JUN 7 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4972

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: 2168 Do. 4?
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: St. Louis
(c) City or town: (If outside city or town limits, write "RURAL")
(d) Street No.: 2168 Do. 4? (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Lyle Farrell
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: M Color or race: W
5. Married
6. (a) Single, widowed, married, divorced: Wid
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: (Month) (Day) (Year) Apr 18 97

8. AGE: Years: 68 Months: Days: If less than one day: hr. min.
9. Birthplace: (City, town, or county) Unk (State or foreign country) U
10. Usual occupation: Unk
11. Industry or business: Unk
FATHER
12. Name: Unk
13. Birthplace: (City, town, or county) (State or foreign country) U
MOTHER
14. Maiden name: Unk
15. Birthplace: (City, town, or county) (State or foreign country) U
16. (a) Informant: Thos. J. Gallagher
(b) Address: 300 So. Kingshighway
17. (a) Anatomical Board (Burial, cremation, or removal) (b) Date thereof: MAY 31 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Anatomical Board
18. (a) Signature of funeral director: Rowland Mortuary Service
(b) Address: 4104 Manchester Ave.
19. (a) MAY 31 1948 (Date received local registrar) (b) J. T. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Apr. day 20 year 1948 hour 9 minute 30 A.M. P.M.
21. I hereby certify that I attended the deceased from Apr 20 1948, 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Ruptured Left Ventricle
Due to: NO TRAUMA
Due to: N. A.
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: 103
Of autopsy:

PHYSICIAN
Underline the cause of 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
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? Means of injury
23. Signature: (M. D. or other)
Address: Date signed 4/30/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK

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 Ralph W Henson

Licensed Embalmer No. 3791

P. O. Address St. Louis, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.