

FILED JUN 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21928

State File No. \_\_\_\_\_ Registrar's No. 207278

BIRTH NO. 11606-49 REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 3663

96  
2  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>St. Louis County Hosp.</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton, Mo</u>		c. LENGTH OF STAY (in this place) (township) <u>2 hrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>S. Kielock</u>		96
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Co. Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>18 Jefferson</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Baby Boy Farrell</u> b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 28 1949</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Col.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Jan. 28, 1949</u>	9. AGE (In years last birthday) <u>2 yrs.</u>	IF UNDER 1 YEAR Months Days <u>2 mos.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Mo. U</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>McKinley Farrell</u>		13b. MOTHER'S MAIDEN NAME <u>Carrie Pillow</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>St. Louis County Hosp. Records</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature Birth - Neonatal death</u>				ADDRESS <u>Clayton</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b)  DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH <u>45 "</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  <u>776X</u> <u>159</u>				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan. 28</u> <sup>8:30 PM</sup> , 19 <u>49</u> , to <u>Jan. 28</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Jan 28</u> , 19 <u>49</u> , and that death occurred at <u>10:30 AM</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>John J. Huggan Jr.</u>			23b. ADDRESS <u>6015 Brentwood Clayton</u>		23c. DATE SIGNED <u>2-1-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>4-1-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Infirmary</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis</u>		
DATE REC'D BY LOCAL REG. <u>4-14-49</u>	REGISTRAR'S SIGNATURE <u>Theresa L. Huggan</u>		25. FEDERAL DIRECTOR'S SIGNATURE <u>City Infirmary</u>		

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**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed.....

Signed.....  
Student Embalmer

Licensed Embalmer No. ....

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.