

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32381**

BIRTH NO. _____ REG. DIST. NO. **1317** PRIMARY REG. DIST. NO. **3063** Registrar's No. **2112**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.	
b. CITY (If outside corporate limits, write RURAL and give township) Clayton		c. CITY (If outside corporate limits, write RURAL and give township) Clayton Mo.	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 7226 Forsythe Blvd.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7226 Forsythe Blvd.		7226 Forsythe Blvd.	

3. NAME OF DECEASED (Type or Print) Frank E. Farrell			4. DATE OF DEATH (Month) (Day) (Year) Sept. 32, 1949		
a. (First)		b. (Middle)		c. (Last)	

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 2 1877	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 2	IF UNDER 12 HRS. Days 1	Hours 1	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Genl Agent	10b. KIND OF BUSINESS OR INDUSTRY Frisco R.R.	11. BIRTHPLACE (State or foreign country) St. Louis Mo.	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME John Farrell	13b. MOTHER'S MAIDEN NAME Johanna Sullivan	14. NAME OF HUSBAND OR WIFE Nellie H. Farrell
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown	16. SOCIAL SECURITY NO. unknown	17. INFORMANT'S SIGNATURE OR NAME Mrs. Nellie H. Farrell	ADDRESS 7226 Forsythe Bl
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma sigmoid		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 153X		153X	

19a. DATE OF OPERATION Aug. 1947	19b. MAJOR FINDINGS OF OPERATION Carcinoma sigmoid	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **May 1**, 19**47**, to **Sept 3**, 19**49**, that I last saw the deceased alive on **Sept 3**, 19**49**, and that death occurred at **11 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE Henry G. Barrett M.D.	(Degree or title)	23b. ADDRESS 607 N. Grand Bldg.	23c. DATE SIGNED 9-3-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-6-1949	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Mo.
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DATE REC'D BY LOCAL REG. 9-6-49	REGISTRAR'S SIGNATURE Herbert R. Donke	25. FUNERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly	ADDRESS 3840 Lindell Blvd
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

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