

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21503**
Registrar's No. **5448**

FILED JUL 7 1950

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (If in place) Life	c. CITY (If outside corporate limits, write RURAL and give township) Richmond Heights 4485		d. STREET ADDRESS (If rural, give location) 7446 Hoover Ave.
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital					
3. NAME OF DECEASED (Type or Print) a. (First) Nora b. (Middle) Farrell c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) June 20, 1950		
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W.	8. DATE OF BIRTH Oct. 17, 1876	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 8 Days 3
IF UNDER 48 HRS. Hours 1 Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME James Driscoll		13b. MOTHER'S MAIDEN NAME Hanora Mullen		14. NAME OF HUSBAND OR WIFE Edward Farrell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Margaret Farrell, 7446 Hoover Ave.		
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uræmia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chr. Nephritis DUE TO (c) Cerebral arteriosclerosis + Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 5 days 3 years 10 years
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Subtrochanteric fracture left femur		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 592XK		
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?		
22. I hereby certify that I attended the deceased from April 5 , 19 50 , to June 20 , 19 50 , that I last saw the deceased alive on June 20 , 19 50 , and that death occurred at 7 pm. m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Foster A. Dill M.D.		23b. ADDRESS 7346 Maplewood 17, Mo.		23c. DATE SIGNED 6-22-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 23, 1950	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		
DATE REC'D BY LOCAL REG. JUN 22 1950		REGISTRAR'S SIGNATURE J. B. Sarsator	25. FUNERAL DIRECTOR'S SIGNATURE Arthur J. Dunne	ADDRESS 3840 Lindell Blvd.	

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

fracture - minor

Aug 15 1957

W. Van Matre

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed..... *W. Van Matre*

Signed.....
Student Embalmer

Licensed Embalmer No. *2825*

P. O. Address *4340 Lafayette*

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.