

11081

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10-48

FILED APR 5 1951

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 813

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lemay</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>8200N Affton</u>	
c. LENGTH OF STAY (In this place) <u>4 wks</u>		d. STREET ADDRESS <u>8551 Brinker</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mt St Rose</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u>	b. (Middle) <u>W</u>	c. (Last) <u>Farrell</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 26, 1951</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Jan 18, 1880</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Iron Molder</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Thomas Farrell</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Kuntz</u>	14. NAME OF HUSBAND OR WIFE <u>Bertha Farrell</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NUMBER (If yes, give war or dates of service) <u>489-09-6784</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Bertha Farrell</u>	ADDRESS <u>8551 Brinker</u>
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculous Empyema</u>		<u>16 months</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary Tuberculosis</u> DUE TO (c) <u>Silicosis-occupational</u>		<u>33 months</u> <u>34+ months</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>3-2-51</u>	19b. MAJOR FINDINGS OF OPERATION <u>Empyema, left</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	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 1-6, 1949, to 3-26, 1951, that I last saw the deceased alive on 3-23, 1951, and that death occurred at 11:54 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>A J Steiner MD</u> (Degree or title)	23b. ADDRESS <u>634 N. Grand</u>	23c. DATE SIGNED <u>3-28-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>3/29/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>N St Marcus Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St Louis, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3-28-51</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Tomke MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>L Ziegenhein & Sons</u>	ADDRESS <u>7027 Gravois</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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.

Student
Student Embalmer

Signed W. G. Peterson.....

Licensed Embalmer No. 3767.....

P. O. Address 7027 Gravois.....

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.