

FILED JAN 26 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2769**
Registrar's No. **0102**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **100**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo	
c. LENGTH OF STAY (In this place) 2 1/2 yrs.		d. STREET ADDRESS (If rural, give location) 5301 Page	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anne Home-5301 Page			
3. NAME OF DECEASED (Type or Print) a. (First) Rose		b. (Middle) ANN	
c. (Last) Farrell		4. DATE OF DEATH (Month) (Day) (Year) Jan. 5, 1952	
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W.	8. DATE OF BIRTH abt 1864
9. AGE (In years last birthday) 88		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME John O'Hara	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Thomas 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 Mr. Eugene C. Farrell, 4954 Lindell Blvd.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) General arteriosclerosis INTERVAL BETWEEN ONSET AND DEATH several years ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Senility	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION _____	
19b. MAJOR FINDINGS OF OPERATION _____		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) _____	
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? H-500	
22. I hereby certify that I attended the deceased from _____, 19 49 , to Jan 5 , 19 52 , that I last saw the deceased alive on Jan 2 , 19 52 , and that death occurred at 7:45 p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Samuel P. Hartman M.D.		23b. ADDRESS 607 N. Grand Ave	
23c. DATE SIGNED 1-6-52		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Jan. 7, 1952		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Arthur J. Donnelly 3840 Lindell Blv	
DATE REC'D BY LOCAL REG. JAN 6 1952		REGISTRAR'S SIGNATURE J. Earl Smith M.D.	

(Licensed Embalmer's Statement on Reverse Side)

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

File 3 24

1944
1944

1944 1944

1944

[Illegible handwritten scribbles]

[Signature]
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 *me*

working under my personal supervision.

Student Embalmer No.

Signed *[Signature]*

Signed.....
Student Embalmer

Licensed Embalmer No. *4699*

P. O. Address *52 St Charles Mo*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **TOWN-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.