

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6632

State File No.

1518

BIRTH REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

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

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| 1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS MO</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) OR TOWN <u>St. Louis, Mo.</u> | | c. CITY OR TOWN <u>University City</u> d. Is Residence within limits of city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u> | | e. STREET ADDRESS (If rural, give location) <u>332 MIDLOTHIAN</u> | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Alice</u> | b. (Middle) <u>M.</u> | c. (Last) <u>O'Farrell</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>2</u> <u>14</u> <u>54</u> |
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| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>6-3-1903</u> | 9. AGE (In years) (last birthday) Months Days Hours Min. <u>50</u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) <u>ST LOUIS MO</u> | 12. CITIZEN OF WHAT COUNTRY? <u>0</u> |
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| 13a. FATHER'S NAME <u>JAMES J FITZGERALD</u> | 13b. MOTHER'S MAIDEN NAME <u>CORA WELLS</u> | 14. NAME OF HUSBAND OR WIFE |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME <u>WALTER O'FARRELL</u> | ADDRESS |
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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, asphyxia, 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>Uremia (Renal failure)</u> | | <u>8 weeks</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c) | | <u>sev. yrs.</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u> | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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) m. <u>6:00</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>6000</u> |
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22. I hereby certify that I attended the deceased from 1/19/54, 1954, to 2/14/54, 1954, that I last saw the deceased alive on 2/14/54, 1954, and that death occurred at 7:00P m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>D. Sullivan M.D.</u> (Degree or title) <u>M. D.</u> | 23b. ADDRESS <u>BARNES HOSPITAL</u> | 23c. DATE SIGNED <u>2/15/54</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>2-17-54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Coke Stone Cem</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo</u> |
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| DATE REC'D BY LOCAL REG. <u>FEB 16 1954</u> | REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>D. Sullivan</u> ADDRESS <u>2849 710 Euclid</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *Albert Mayfield*.....

Licensed Embalmer No. *30*.....

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.