

No. 300  
10.48

FILED APR 26 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14504

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 875

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Floradell Hills</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Floradell Hills</u>	
c. LENGTH OF STAY (in this place) <u>142</u>		d. STREET ADDRESS (If rural, give location) <u>7133 Greenhaven Dr.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7133 Greenhaven Dr.</u>		d. STREET ADDRESS (If rural, give location) <u>7133 Greenhaven Dr.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rose</u> b. (Middle) <u>A.</u> c. (Last) <u>FARLEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Apr 11, 1954</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>9-17-1872</u>
9. AGE (In years last birthday) <u>81</u>	10. MONTHS <u>8</u>	11. DAYS <u>11</u>	12. HOURS <u>11</u> MIN. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Candy Ripper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Maeke Wash. Candy</u>	
11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Michael O'Rourke</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Lynch</u>	
14. NAME OF HUSBAND OR WIFE <u>James F. Farley</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>488-05-0139A</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Margaret Foland</u>		ADDRESS <u>7133 Greenhaven</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>MEDICAL CERTIFICATION</b>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of large colon.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>many months</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			
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. <u>Generalized arteriosclerosis</u>			<u>many years</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>153X</u>	
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?			
22. I hereby certify that I attended the deceased from <u>1947</u> , 19 <u>  </u> , to <u>10 April, 1954</u> , that I last saw the deceased alive on <u>10 April, 1954</u> , and that death occurred at <u>9:10 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. W. Hooverman</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>4399 N. Natural Bldg.</u>	
23c. DATE SIGNED <u>4/12/54</u>			
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4-14-54</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4/13/54</u>		REGISTRAR'S SIGNATURE <u>Richard B. Amberg</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>John Stygar</u>		ADDRESS <u>2541 Riverview</u>	

(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 .....  
Student Embalmer

Signed J. Allen Davis  
Licensed Embalmer No. 4053

P. O. Address April 11-

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.