

FILED APR 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13297

2735

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis)		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN Richmond Heights		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital				e. STREET ADDRESS (If rural, give location) 1409 Claytonia Terr.				
3. NAME OF DECEASED (Type or Print) Richard G. Farrell			a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH 3/25/55		(Month)		(Day)		(Year)		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED/WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 1/30/18		
9. AGE (In years last birthday) 37		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chemist			10b. KIND OF BUSINESS OR INDUSTRY Unemployed			11. BIRTHPLACE (City and State or Foreign Country) Missouri		
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME J. J. Farrell		13b. MOTHER'S MAIDEN NAME Mary Noonan		14. NAME OF HUSBAND OR WIFE Mary Mudd	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 496-18-8786		17. INFORMANT'S SIGNATURE OR NAME Mrs Mary Farrell		ADDRESS 1409 Claytonia Terr. R. H.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH 6 Mo's.	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) WPEMIA					3 yrs	
		ANTECEDENT CAUSES						
		<p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) INTRACAPILLARY GLOMERULO SCLEROSIS</p> <p>DUE TO (c) DIABETES MELLITUS</p>						
II. OTHER SIGNIFICANT CONDITIONS					<p>Conditions contributing to the death but not related to the disease or condition causing death.</p>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 260X				
22. I hereby certify that I attended the deceased from 2-16-1953 to 3-25-1955 , that I last saw the deceased alive on 3-24-1955 , and that death occurred at 5:15 A. M. , from the causes and on the date stated above.								
23a. SIGNATURE Robert E. Cook			23b. ADDRESS M.D. 935N. Central, CLAYTON, Mo.			23c. DATE SIGNED 3-25-55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/28/55		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Mo.		
DATE REC'D BY LOCAL REG. MAR 26 1955		REGISTRAR'S SIGNATURE J. Earl Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE LAWRENCE MULLEN & SONS ADDRESS 5715 Hickman St. St. Louis, Mo.			

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.....
Signature of Student Embalmer

Signed *Ronald O. Yalinski*.....

Licensed Embalmer No. *3917*.....

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.