

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20631**

FILED JUN 30 1955

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>547</u>		Registrar's No. <u>1363</u>					
1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b>				b. COUNTY <b>ST. LOUIS</b>			
b. CITY OR TOWN <b>CLAYTON Richmond Hts</b>			c. LENGTH OF STAY (If this place) <b>18 mos</b>		c. CITY OR TOWN <b>BEL - RIDGE</b>		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 <b>ST. MARYS HOSPITAL</b>				STREET ADDRESS (If rural, give location) <b>9050 NATURAL BRIDGE</b>							
3. NAME OF DECEASED (Type or Print) <b>MRS. RUTH</b>			a. (First)		b. (Middle)		c. (Last) <b>FARRELL</b>				
4. DATE OF DEATH		5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>9 2 1912</b>			
9. AGE (In years last birthday) <b>42</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>AT HOME</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>COLUMBUS KENTUCKY</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>			
13a. FATHER'S NAME <b>JOHN PINKSTON</b>			13b. MOTHER'S MAIDEN NAME <b>ROSE PAYNE</b>			14. NAME OF HUSBAND OR WIFE <b>JAMES FARRELL</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>JAMES FARRELL</b>					ADDRESS <b>9050 NATURAL BRIDGE</b>		
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of breast with multiple metastases, bone, lung</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1951</b>			
				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.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>170x</b>						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) (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 <u>July 18</u> , 19 <u>51</u> , to <u>June 11</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>June 11</u> , 19 <u>55</u> , and that death occurred at <u>8:30pm.</u> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <b>Thomas W. Parker MD</b>				23b. ADDRESS <b>4660 Maryland</b>				23c. DATE SIGNED <b>6/14/55</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>6 15 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MEMORIAL PARK CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS COUNTY MISSOURI</b>					
DATE REC'D BY LOCAL REG. <b>6/14/55</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Deane MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>STROOT CARROLL</b> ADDRESS <b>4600 NATURAL BRIDGE</b>							

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

DR THOMAS PARKER  
4630 MARYLAND  
FO 1-6074  
10. - 11  
TUE

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 *John J. Haines* .....  
Licensed Embalmer No. *4100*

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.