

FILED APR 12 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10227  
Registrar's No. 2714

318

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|   |                           |  |  |   |  |  |   |  |  |
|---|---------------------------|--|--|---|--|--|---|--|--|
| BIRTH NO. _____   |                           | REG. DIST. NO. _____   |  | PRIMARY REG. DIST. NO. _____  |  | State File No. 10227   |   | Registrar's No. 2714   |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____  |                           |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE Mo. b. COUNTY _____   |  |  |   |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN St. Louis,  |                           |  | c. LENGTH OF STAY (In this place)<br>4 Days  |   | c. CITY OR TOWN St. Louis,                                       |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br>26 St. Louis Chronic Hospital  |                           |  |  | e. STREET ADDRESS (If rural, give location)<br>4167 3501 Humphrey.  |  |  |   |  |  |
| 3. NAME OF DECEASED<br>(Type or Print) S. Isabel  |                           | a. (First)   |  | b. (Middle)   |  | c. (Last) Farrell.   |   | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br>March 18, 1957                       |  |
| 5. SEX<br>Female!   | 6. COLOR OR RACE<br>White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>Widow 2                                      |  | 8. DATE OF BIRTH<br>JAN. 13 1865  |  | 9. AGE (In years last birthday)<br>92                                | IF UNDER 1 YEAR<br>Months _____ Days _____  | IF UNDER 2 HRS.<br>Hours _____ Min. _____  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>WIDOW  |                           |  | 10b. KIND OF BUSINESS OR INDUSTRY<br>At Home |   | 11. BIRTHPLACE (City and State or Foreign Country)<br>Missouri 0 |  | 12. CITIZEN OF WHAT COUNTRY?<br>U.S.A.  |  |  |
| 13a. FATHER'S NAME<br>Jos. Kendrick   |                           |  | 13b. MOTHER'S MAIDEN NAME<br>S. Elliott      |   |  | 14. NAME OF HUSBAND OR WIFE<br>JAMES FARRELL (DEC'D)                 |   |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown)  |                           | 16. SOCIAL SECURITY NO.<br>None  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br>JOHN FARRELL 3501 HUMPHREY   |  |  |   |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)   |                           |  |  | MEDICAL CERTIFICATION   |  |  |   |  |  |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  |                           |  |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u>  |  |  |   |  |  |
|   |                           |  |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____                               |  |  |   |  |  |
|   |                           |  |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>Cerebral Arteriosclerosis</u><br><u>Pneumonia</u> |  |  |   |  |  |
| 19a. DATE OF OPERATION  |                           | 19b. MAJOR FINDINGS OF OPERATION<br>420.0  |  |   |  |  |   | 20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |  |
| 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?  |  |  |   |  |  |
| 22. I hereby certify that I attended the deceased from <u>March 14, 1957</u> , to <u>March 18, 1957</u> , that I last saw the deceased alive on <u>March 18, 1957</u> , and that death occurred at <u>1:15 P.M.</u> , from the causes and on the date stated above. |                           |  |  |   |  |  |   |  |  |
| 23a. SIGNATURE<br><u>George M. Tanaka, M.D.</u>   |                           |  |  | 23b. ADDRESS<br><u>5600 Arsenal</u>   |  |  |   | 23c. DATE SIGNED<br><u>Mar. 18, 1957</u>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>REMOVAL</u>   |                           | 24b. DATE<br><u>MAR. 21 1957</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>RIDGE PARK CEM.</u>  |  | 24d. LOCATION (City, town, or county) (State)<br><u>MARSHALL Mo.</u> |   |  |  |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE<br><u>MAR 19 1957</u>   |                           | REGISTRAR'S SIGNATURE<br><u>Carl Smith MO</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Thomas Rutis 2906 Gravois</u>  |  | ADDRESS  |   |  |  |

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

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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.....  
Licensed Embalmer No. 3999  
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.