V.S. No. 200
Rev. 10-48

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

FILED JAN 13 1958

THE DIVISION OF HEALTH OF MISSOURI 100635-57

STANDARD CERTIFICATE OF DEATH

State File No. 46715

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 3325

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richmond Heights
c. LENGTH OF STAY (In this place): 6 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Mary's Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirkwood 4683
d. STREET ADDRESS (If rural, give location): 260 Peeke Av.

3. NAME OF DECEASED (Type or Print)
a. (First): (Infant)
b. (Middle): Andrew John
c. (Last): Farrell

4. DATE OF DEATH (Month) (Day) (Year): 12/30/57

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: 12/29/57
9. AGE (In years last birthday): IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours 6 Min. 41

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ~~None~~ BABY
10b. KIND OF BUSINESS OR INDUSTRY: ~~None~~ BABY
11. BIRTHPLACE (State or foreign country): Richmond Heights, Mo.
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Jack Farrell
13b. MOTHER'S MAIDEN NAME: Rene Perez
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mr. Jack Farrell ADDRESS: 260 Peeke Av.

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): Atelectasis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Prematurity (2 lbs)
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: 762.5

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ 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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 29 Dec, 1957, *to* 30 Dec, 1957, *that I last saw the deceased alive on* 29 Dec, 1957, *and that death occurred at* 5:1 m., *from the causes and on the date stated above.*

23a. SIGNATURE Carl J. Dreyer, M.D. (Degree or title)
23b. ADDRESS: 1695 Brentwood Av.
23c. DATE SIGNED: 30 Dec 57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/31/57
24c. NAME OF CEMETERY OR CREMATORY: St. Peters, Cemetery
24d. LOCATION (City, town, or county) (State): Kirkwood, Missouri

DATE REC'D BY LOCAL REG.: 12-31-57
REGISTRAR'S SIGNATURE: Herbert R Domke MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: L. Mullen & Sons 5165 Delmar Blvd.

(Licensed Embalmer's Statement on Reverse Side)

Carl Dwyer
1645 Brentwood
Wo 1-2981

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 No Embalming Student Embalmer No. ..... working under my personal supervision.

Student ..... Student Embalmer

Signed .....

Licensed Embalmer No. .....

P. O. Address .....

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.