

1939

MAR 9 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

7851

Do not use this space.

## 1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784E  
(b) Township..... Primary Registration District No. 115 Registered No. 394  
(c) or City University City (d) Street No. #7171 Waterman Ave. St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. #7171 Waterman Ave. St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Rubie M. Farrell.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JANUARY 24 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
56. 1 7.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Buyer  
9. Industry or business in which work was done, as saw mill, bank, etc. Ely-Walker Dg Co.  
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Woodlawn.  
(STATE OR COUNTRY) Monroe Co, Mo.

13. NAME Thomas M. Farrell.

14. BIRTHPLACE (CITY OR TOWN) Missouri  
(STATE OR COUNTRY)

15. MAIDEN NAME MARY MARTIN.

16. BIRTHPLACE (CITY OR TOWN) Shelby Co.  
(STATE OR COUNTRY) Mo.

17. INFORMANT Mrs. O. M. Farrell.  
(ADDRESS) #7171 Waterman Ave

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Madison's Mo. DATE Mch- 67, 1939

19. FUNERAL DIRECTOR (NAME) C. P. Rupton & Sons.  
(ADDRESS) #7233 Delmar Blvd.

20. FILED MAR 4 1939  
P. H. Meyer M.D.  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from August, 1938, to March 3, 1939

I last saw him alive on March 3, 1939. Death is said to have occurred on the date stated above, at 9:05 pm.

The principal cause of death and related causes of importance were as follows:

Lymphosarcoma ✓  
Date of onset Jan '38.

Other contributory causes of importance:

Name of operation no Date of.....  
What test confirmed diagnosis? Biopsy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify.....

(Signed) Paul O. Hageman, M. D.  
(Address) 600 So. Kingshighway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Clarence H. Murray*

Licensed Embalmer No. *4011*

P. O. Address *St. Louis, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

7851  
Do not use this space.

1. PLACE OF DEATH

(a) County St Louis Registration District No. 784  
 (b) Township ..... Primary Registration District No. 115  
 (c) City University (d) Street No. .... St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Oba M. Farrell  
 (a) Residence, No. .... St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
36 1 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 3-4 1929

XB  
Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 3 1929

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h. .... alive ..... 19..... Death is said to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

Lymph Sarcoma arising in cervical lymph nodes

Date of onset

Other contributory causes of importance: 52

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify (Signed) Paul J. Hageman, M. D.

(Address) 600 S Kings Highway

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

