No. 2
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7-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20624

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5572

1. PLACE OF DEATH:

(a) County ST. Louis 1

(b) City or town ST. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Barnard Free Skin & Cancer Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Twenty Two (Specify whether

In this community days (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ~~St. Louis~~ Mo. (b) County ST. Louis

(c) City or town ST. Louis 11 (If outside city or town limits, write "RURAL")

(d) Street No. 3013 N. Market. (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Luke Farrell 640

3. (b) If veteran, name war .....

3. (c) Social Security No. 497-07-0059

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of ~~husband or wife~~ wife Lulu Farrell

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased 9 (Month) 25 (Day) 85 (Year)

8. AGE: Years 54 Months 9 Days 3 If less than one day ..... hr. ..... min.

9. Birthplace ST. Louis (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Unemployed 5

11. Industry or business .....

FATHER
12. Name Luke Farrell 5
13. Birthplace (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Mary Judge
15. Birthplace (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Lulu Farrell.

(b) Address 3013 N. Market St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 - 1-40 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.

(b) Address 1710 N. Grand Blvd.

19. (a) JUN 29 1940 (Date received local registrar) J. F. Bredich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28 year 1940 hour 10 minute 52 P M.

21. I hereby certify that I attended the deceased from Feb 13, 1940 to June 28, 1940, that I last saw him alive on 6/28, 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death ~~Carcinoma~~ Lung abscess	4 wks.
Due to Carcinoma of larynx	9 mos.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Extensive metastases to cervical glands.

Of autopsy .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) .....

(b) Date of occurrence .....

(c) Where did injury occur? ..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature William H. Gray (M. D. or other) M.D.

Address Barnard F. S. & C. Hosp. Date signed 6/29/40

(Licensed Embalmer's Statement on Reverse Side)

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 Fred Frick

Licensed Embalmer No. 3186

P. O. Address St. Louis, Mo

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, above space should be left blank.