

No. 2
-1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26204

FILED AUG 8 1941

Registration District No. 700

Primary Registration District No. 700

Registrar's No. 15621

1. PLACE OF DEATH:

(a) County, St Louis

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

(c) Name of hospital or institution:
Pine Crest Nursing Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 days (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis

(c) City or town Bellewin
(If outside city or town limits, write "RURAL")

(d) Street No. Rural
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Thomas Farrell

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19 year 1941 hour 5:00 minute _____ P. M.

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced 29

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Feb - 9 - 1863
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 1 1941 to July 19 1941; that I last saw him alive on July 18 1941; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Chronic myocarditis

Chronic nephritis

8. AGE: Years 78 Months 5 Days 16 If less than one day _____ hr. _____ min.

Due to hypertension

Due to arteriosclerosis

9. Birthplace 9 unknown
(City, town, or county) (State or foreign country)

10. Usual occupation nil

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name Farrell

13. Birthplace 9 unknown
(City, town, or county) (State or foreign country)

14. Maiden name Waltz

15. Birthplace 9
(City, town, or county) (State or foreign country)

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

(a) Accident, suicide, or homicide (specify) none

(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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

16. (a) Informant Pine Crest Nursing Home

(b) Address Bellewin, Mo.

17. (a) _____ (b) Date thereof 7-28-41
(Rural exemption or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Louis

18. (a) Signature of funeral director W. Kublo

(b) Address 3500 Ruffel

19. (a) JUL 29 1941 (Date received local register)

(b) DR Meyer (Registrar's signature)

23. Signature B. R. Loving (M. D. or other) Chis

Address Bellewin, Mo Date signed 7-19-41

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

6000

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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.....

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.