

FILED NOV 16 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

35356

State File No.

9308

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH

(a) County St. Louis Mo.  
(b) City or town 2116 Howard Ave.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5166 San Francisco  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 7th.  
year 1942 hour 4 minute 10 A.M.

21. I hereby certify that I attended the deceased from June 10, 1942, to October 29, 1942  
that I last saw her alive on October 29, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion  
Due to Atherosclerosis  
Hypertension

Other conditions: Chronic Bronchial Asthma  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
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 David A. Goldmani, (M. D. or other) \_\_\_\_\_  
Address 2867<sup>th</sup> Union Blvd. Date signed 11-7-42

3. (a) PRINT FULL NAME MARY BELLE FARRELL

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Louis M. Farrell 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: July 7th. 1879  
(Month) (Day) (Year)

8. AGE: Years 63 Months 4 Days 0 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis, Missouri \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Frank X. Zinger

13. Birthplace France, Iowa  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Kirkland

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

16. (a) Informant Mr. Louis M. Farrell

(b) Address 5166 San Francisco Ave.

17. (a) Burial (b) Date thereof 11-9-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Int. Calvary Cemetery

18. (a) Signature of funeral director Sullivan Brothers

(b) Address 2849 No. Euclid Ave.

19. (a) NOV 8 1942 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

Dr. Goldman,  
Union and St. Louis Ave.,  
Ev. 8483  
10 & 1:30 PM

---

---

**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 *Albert Mayfield*

Licensed Embalmer No. *3077*

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.**