

FILED JAN 13 1943

818

Primary Registration District No.

1001

Registrar's No.

Registration District No.

1. PLACE OF DEATH:

(a) County  
(b) City or town St. Louis  
(c) Name of hospital or institution:  
2929 Lafayette Ave  
(d) Length of stay: In hospital or institution  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County  
(c) City or town St. Louis  
(d) Street No. 2929 Lafayette Ave  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Michael Farrel

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

3. (c) Social Security No. \*\*\*\*\*

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widower  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased March 15 1872  
(Month) (Day) (Year)

8. AGE: Years 70 Months 9 Days 15 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired

11. Industry or business

12. Name Patrick Farrel

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

14. Maiden name Mary Donnelly

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

16. (a) Informant Edmond Farrel

(b) Address 906 W. Washington Av Bloomington Ill

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec 31 1942  
(Month) (Day) (Year)

(c) Place: burial or cremation Bloomington Illinois

18. (a) Signature of funeral director Peetz Brothers

(b) Address 3029 Lafayette Ave

19. (a) Dec 31 42 (Date received local registrar) (b) J. P. Bradock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 30th day December  
year 1942 hour 11:30 minute A. M.

21. I hereby certify that I attended the deceased from July 1942 to Dec 30 1942  
that I last saw him alive on Dec 30 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy Duration 10 hrs.  
Due to Arterial Hypertension 2 yrs.

Due to \_\_\_\_\_

Other conditions (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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (a) Means of injury \_\_\_\_\_

23. Signature E. M. Coburn (M. D. or other) M.D.  
Address 3012 Lafayette Date signed 12-30-42

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

X

11065

11065

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**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 Frank J. Owens

Licensed Embalmer No. 2245

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, fact should be so stated above.**