

Registration District No. **31.8**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis**  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**3742 Pine St.**  
(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)

3. (a) PRINT FULL NAME **Farrell, Mary A.**

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

4. Sex **Fem.** 5. Color or race **Wh.** 6. (a) Single, widowed, married, divorced. **Single**

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

7. Birth date of deceased **February 28, 1860**  
(Month) (Day) (Year)

8. AGE: Years **83** Months **3** Days **12** If less than one day  
.....hr. ....min.

9. Birthplace **Louisville Ky.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Seamstress**

11. Industry or business **Custom Tailors**

12. Name **John J. Farrell** Birthplace **Ireland 4**  
(City, town, or county) (State or foreign country)

14. Maiden name **Katherine McGough** Birthplace **Ireland 4**  
(City, town, or county) (State or foreign country)

15. Birthplace **Ireland 4**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Rev. McMahon, S.J.**

(b) Address **St. Louis University**

17. (a) **Burial** (b) Date thereof **June 14, 1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **M. J. Croghan**

(b) Address **7146 Manchester Ave.**  
19. (a) **JUN 13 1943** (b) **J. F. Budeck**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County.....  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3742 Pine St.**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **11th**  
year **1943** hour **8** minute **00 P.** M.

21. I hereby certify that I attended the deceased from **Jan 1 - 30** to **June 11**, 19**43**  
that I last saw her alive on **June - 11 - 1943**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerotic Hyper-tensive Disease** Duration **13 yrs**  
Due to **Chronic Myocarditis** **5 yrs**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....  
Of autopsy.....

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) (e) Means of injury.....

23. Signature **J. F. Budeck** (M. D. or other).....  
Address **43910 W Pine St** Date signed **6-12-43**

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

MOTHER, FATHER

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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..... *Robert G. Hooper* .....

Licensed Embalmer No..... *2971* .....

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.