

FILED APR 2 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10015**
Registrar's No. **2852**

XC-
REG. #207 SL #207

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY FRANKLIN 236/	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MO.		c. LENGTH OF STAY (In this place) 1 day	c. CITY OR TOWN UNION
d. FULL NAME OF (If not in hospital or institution, give HOSPITAL OR INSTITUTION) VETERANS ADMINISTRATION HOSPITAL		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) 106 E. SPRINGFIELD AVENUE			

3. NAME OF DECEASED (Type or Print)	a. (First) GUY	b. (Middle) R.	c. (Last) FARRELL	4. DATE OF DEATH (Month) (Day) (Year) MARCH 28, 1954
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5. SEX MALE 0	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED 3	8. DATE OF BIRTH 4/2/94	9. AGE (In years last birthday) 59	# UNDER 1 YEAR Months	# UNDER 1 HRS. Hours	# UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BARTENDER	10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and State or Foreign Country) SPRING BLUFF, MISSOURI 0	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME 6 JOHN FARRELL	13b. MOTHER'S MAIDEN NAME MARY SCHMIDT	14. NAME OF HUSBAND OR WIFE DIVORCED
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15. WAS DECEASED EVER IN U.S. ARMY OR FORCES? (Yes, no, or unknown) (If yes, give year or years of service) YES WW 1	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, ST. LOUIS, MO.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH UNK.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PNEUMONIA, Lobar		DUE TO (b) _____		
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 490X
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **3/28, 1954**, to **3/28, 1954** and that death occurred at **6:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Robert A. Dais	(Degree or Title) M.B.	23b. ADDRESS VAH, ST. LOUIS, MO.	23c. DATE SIGNED 3/28/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3/29/1954	24c. NAME OF CEMETERY OR CREMATORY Gerald, Missouri	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. MAR 29 1954	REGISTRAR'S SIGNATURE J. Carl Smith mo	25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton & Sons; 7233 Delmar Bldg	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

1954 JUN 3

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, Student Embalmer No. working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed *Arnold W. Schoen*

Licensed Embalmer No. *38*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.