

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

545162-020379
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. _____

FILED JUN 1 1962

VS 30Q
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS</u>		Length of stay in 1b <u>9 WEEKS.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>ILLINOIS</u> b. COUNTY <u>MADISON</u>		c. CITY OR TOWN <u>GRANITE CITY</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>JEWISH HOSPITAL</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>2312 CLARK AVENUE</u>				Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>							
3. NAME OF DECEASED (Type or/print) First <u>STANLEY</u> Middle <u>FARRELL</u> Last _____						4. DATE OF DEATH Month <u>5</u> Day <u>30</u> Year <u>1962</u>											
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>6-23-'22</u>		9. AGE (last birthday) <u>39</u>		IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BRICKLAYER</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>G. C. STEEL CO.</u>		11. BIRTHPLACE (City and state or country) <u>GRANITE CITY, ILL. U.S.</u>		12. CITIZEN OF WHAT COUNTRY									
13a. FATHER'S NAME <u>CHAMP FARRELL</u>				13b. MOTHER'S MAIDEN NAME <u>IRENE STERNBERG</u>				14. NAME OF HUSBAND OR WIFE <u>WANDA FARRELL</u>									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>YES WW 2</u>				16. SOCIAL SECURITY NO.		17. INFORMANT <u>Wanda Farrell</u>		Address <u>2312 CLARK GRANITE CITY, ILL.</u>									
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Fracture of the right tibia; congestive failure;</u> <u>Chronic myocarditis; Multiple old infarcts with coronary sclerosis; suffered following auto accident in the vicinity of Fulton, Mo., on or about Aug. 26th 1961.</u> DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Open Verdict</u>										INTERVAL BETWEEN ONSET AND DEATH							
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>See above</u>		20c. TIME OF INJURY Hour _____ p.m. _____		Month, Day, Year <u>8-26-61</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 6 S Fulton, Missouri</u>		20f. CITY, TOWN, OR LOCATION <u>Fulton, Missouri</u>		COUNTY _____ STATE _____	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>405 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.																	
22a. SIGNATURE (Degree or title) <u>Helen L. Taylor, Coroner</u>						22b. ADDRESS <u>1300 Clark Ave.</u>				22c. DATE SIGNED <u>5-31-62</u>							
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>5-31-1962</u>		23c. NAME OF CEMETERY OR CREMATORY <u>LAKE VIEW MEMORIAL GARDENS</u>		23d. LOCATION (City, town, or county) (State) <u>BELLEVILLE, ILLINOIS</u>											
24. FUNERAL DIRECTOR <u>MERCER FUNERAL HOME</u>						ADDRESS <u>GRANITE CITY ILL.</u>		25. DATE RECD. BY LOCAL REG. <u>MAY 31 1962</u>		REGISTRAR'S SIGNATURE <u>Loan Smith, M.D.</u>							

USE BLACK INK OR TYPEWRITER RIBBON

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

Spencer C. Galliano

Licensed Embalmer No. 5016

P. O. Address Granite City, Illinois

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.