

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-032440

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **8108** STATE FILE NUMBER

1. PLACE OF DEATH **AUG 31 1962**

a. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in lb \_\_\_\_\_

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **De Paul Hospital** Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **MO** b. COUNTY **St. Louis**

c. CITY OR TOWN **NORMANDY** Inside Limits Yes  No

d. STREET ADDRESS (If outside, give location) **7737 NACOMIS** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last **Edward Alexander Farrell**

4. DATE OF DEATH Month Day Year **8-20-62**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Divorced

8. DATE OF BIRTH **8-19-62** 9. AGE (last birthday) **15** IF UNDER 1 YEAR Months Days **15** IF UNDER 24 HR Hours Min. **19**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Night** 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_

11. BIRTHPLACE (City and state or country) **St. Louis, Mo.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Charles E. Farrell** 13b. MOTHER'S MAIDEN NAME **Carol E. Kendrick** 14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) \_\_\_\_\_ 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT **Charles Farrell, Normandy, Mo.** Address \_\_\_\_\_

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Immaturity** INTERVAL BETWEEN ONSET AND DEATH **15 hrs**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) \_\_\_\_\_ DUE TO (c) **776X**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) \_\_\_\_\_ PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) \_\_\_\_\_

20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. \_\_\_\_\_

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_ 20f. CITY, TOWN, OR LOCATION COUNTY STATE \_\_\_\_\_

21. I attended the deceased from **8/19/62** to **8/20/62** and last saw <sup>her</sup>him alive on **8/20/62** Death occurred at **9:15 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) **Burchard Merritt M.D.** 22b. ADDRESS **7309 Natural Bridge Rd.** 22c. DATE SIGNED **8/20/62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 23b. DATE **8/21/62** 23c. NAME OF CEMETERY OR CREMATORY **Calvary** 23d. LOCATION (City, town, or county) State **St. Louis, Mo.**

24. FUNERAL DIRECTOR **White-Muller, Terrequon** ADDRESS **8-21-1962** 25. DATE RECD. BY LOCAL REG. **8-21-1962** 26. REGISTRAR'S SIGNATURE **Loed Smith, M.D.**

DATE AMENDED: \_\_\_\_\_  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS:  
 INSTEAD OF: \_\_\_\_\_  
 SHOULD READ: \_\_\_\_\_  
 ITEM NO.: \_\_\_\_\_

DOCUMENT: \_\_\_\_\_  
 MEDICAL CERTIFICATION: \_\_\_\_\_  
 BY AFFIDAVIT OF: \_\_\_\_\_

VS 300 Rev. 4/59  
 1  
 2 **4031**  
 3  
 4 **0**  
 5 **0**  
 6  
 7 **0**  
 8 **2**  
 9  
 10  
 11  
 12 **59-0**  
 13  
**59**

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 *No Embalming*  
*L. M. White*

Licensed Embalmer No. *3973*

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