

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space *no*

**1. PLACE OF DEATH**

County SEP 12 1934 Registration District No. **791**  
Township \_\_\_\_\_ Primary Registration District No. **1003**  
City St. Louis (No. 2735, Madison) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

31447

File No. \_\_\_\_\_  
Registered No. 8771

**2. FULL NAME**

June Marie Ferris  
(a) Residence, No. 2735 Madison 20~~th~~ Ward.

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 28 - 1925

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>9</u>	<u>-</u>	<u>3</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School girl  
10. Date deceased last worked at this occupation (month and year) June 20 - 1934 11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

13. NAME Maed Ferris

14. BIRTHPLACE (CITY OR TOWN) Belleville (STATE OR COUNTRY) Ill.

15. MAIDEN NAME Lottie Henson

16. BIRTHPLACE (CITY OR TOWN) St. Jacobs (STATE OR COUNTRY) Ill.

17. INFORMANT Mrs. Fred Ferris (ADDRESS) St. Louis Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Jacobs, Ill. DATE Sept 2 1934

19. UNDERTAKER S. M. Schroepfel (ADDRESS) Hollingsville, Ill.

20. FILED UG 31 1934 J. J. Bredeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 31 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1934, to Sept 30 1934  
I last saw her alive on Aug 30 1934 Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

79C  
Chronic Endocarditis  
(Rheumatic)  
Date of onset 8/23/34

Other contributory causes of importance: 4/9/34

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

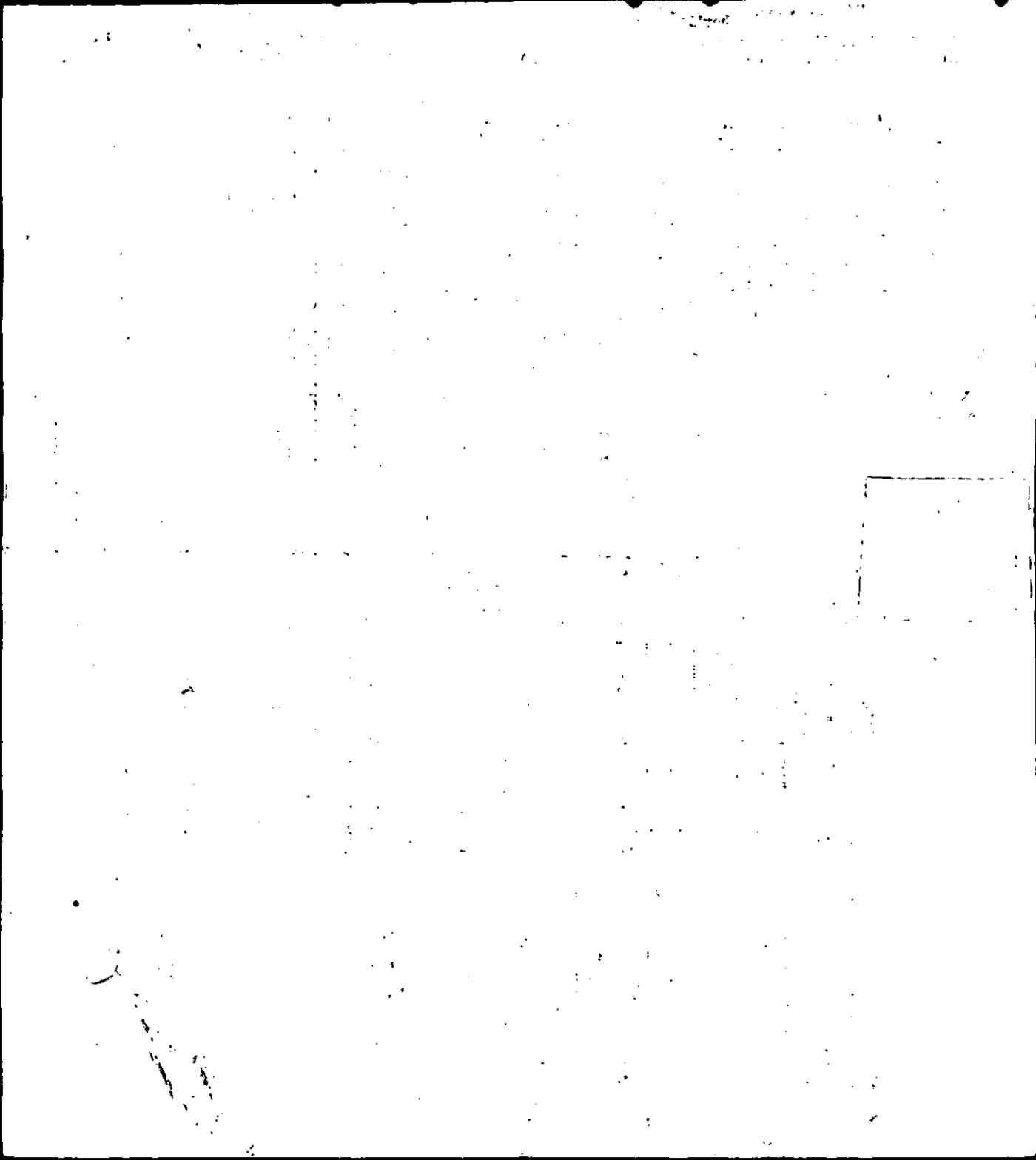
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1934

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) A. J. Thompson, M. D.  
(Address) 3108 Leaf Ave



**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County.....  
Township *St. Louis*  
City *St. Louis* (No. *2735*)

Registration District No. *791*  
Primary Registration District No. *1008*

File No. ....  
Registered No. *8771* St. .... Ward).

**2. FULL NAME**

*June Marie Ferris*  
(a) Residence, No. .... St., *20* Ward.

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <i>2</i>		4. COLOR OR RACE <i>W</i>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ( <i>write the word</i> ) <i>S</i>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)					
7. AGE		YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)					
FATHER	13. NAME				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)				
MOTHER	15. MAIDEN NAME				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)				
17. INFORMANT (ADDRESS)					
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE					
19. UNDERTAKER (ADDRESS)					
20. FILE <i>April 10 1935 J. Brebeck Registrar.</i>					

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *8-31-1934*

22. I HEREBY CERTIFY, That I attended deceased from *June 31* to *8-30-34*, 19...  
I last saw her alive on *8-30-*, 1934. Death is said to have occurred on the *30* stated above, at *3:30 a.* m.  
The principal cause of death and related causes of importance were as follows:  
*acute myocarditis* Date of onset *8-23-34*  
*chr. arteriosclerosis* *6-1-34*  
*(rheumatic)*

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19...  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....  
If so, specify *A. P. Thompson*, M. D.  
(Signed) *A. P. Thompson*  
(Address) *3108 Cass*

**SUPPLEMENTARY**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

5-31447