

20354

State File No. _____

5198

JUL 12 1939
Registration District No. _____

791
1008

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4132 Holly Hills 2
(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 _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4132 Holly Hills
(If rural, give location) [L]
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Jennie G. Ferrier

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 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 25 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	72	3	13	hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation School Teacher

11. Industry or business _____

12. Name John Ferrier

13. Birthplace Scotland
(City, town, or county) (State or foreign country)

14. Maiden name McBride

15. Birthplace Scotland
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Gladys Robinson

(b) Address 4132 Holly Hills

17. (a) Burial (b) Date thereof 6/10/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset

18. (a) Signature of funeral director Wacker Halderle

(b) Address 2331 S. Broadway

19. (a) JUN 9 1939 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 8
year 1939 hour 7 minute 45 pm.

21. I hereby certify that I attended the deceased from June 30, 1938, to June 8, 1939, that I last saw her alive on June 3, 1939, and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Chr.

Due to _____
Due to _____

Other conditions Myocardial Chr. Interstitial
(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 Joseph L. Lammert (M. D. or other)
Address 3289 Washington Date signed _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

REV. 6-17-38
U. S. GOVERNMENT PRINTING OFFICE

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.....

Robert Wheeler

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Robert Wheeler

Licensed Embalmer No.

2128

P. O. Address.....

St. Louis, 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 this body is not embalmed, above space should be left blank.