DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30966

Registration District No. 1002 — Primary Registration District No. — Registrar's No. 8029

1. PLACE OF DEATH:

(a) County: City . St. Louis

(b) City or town: (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3620 St. Louis Avenue

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: (Specify whether years, months or days) In this community:

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County:

(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 11

(d) Street No. 3620 St Louis (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: Estelle Jeanette Ferie

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Female

5. Color or race: W

6. (a) Single, widowed, married, divorced: married

6. (b) Name of husband or wife: William Ferie

6. (c) Age of husband or wife if alive: unk years

7. Birth date of deceased: October 27, 1870 (Month) (Day) (Year)

8. AGE: Years: 68 Months: 10 Days: 12 If less than one day: hr. min.

9. Birthplace: Tennessee (City, town, or county) (State or foreign country)

10. Usual occupation: at home

11. Industry or business:

FATHER 12. Name: Frank Wright

FATHER 13. Birthplace: Missouri (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name: Mary Johnson

MOTHER 15. Birthplace: Tennessee (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: William Ferie

(b) Address: 3620 St. Louis

17. (a) Memorial Park (Burial, cremation, or removal) (b) Date thereof: Sept 18 19 (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director: William Guilhaume

(b) Address: 1710 N. Grand Ave

19. (a) SEP 18 1939 (Date received local registrar) (b) J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 15 year 1939 hour 5:05 minute A M.

21. I hereby certify that I attended the deceased from July 26, 1939, to Sept 15, 1939; that I last saw her alive on Sept. 15, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of pylorus with metastasis to liver

Due to:

Due to:

Other conditions: Cardio-vascular disease (Include pregnancy within 3 months of death) Yes

Major findings: Of operations:

Of autopsy: Metastasis to liver

Duration

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

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? (Specify type of place)

While at work? (e) Means of injury: Burns

23. Signature: John J. Fitz (M. D. or other) M.D.

Address: 4703 Castle Ave. Date signed: 9-15-39

(Licensed Embalmer's Statement on Reverse Side)

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.

Form 2-1-1 X19511

"Front"

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Howard F. Rowland.

Licensed Embalmer No. 3314

P. O. Address St Louis Tex

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.