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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 25 1940

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 26587

Registrar's No. 6483

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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: 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 3619 Hereford years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State O Mo. (b) County

(c) City or town St. Louis, 14 (If outside city or town limits, write "RURAL")

(d) Street No. 3619 Hereford (If rural, give location)

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

3. (a) PRINT FULL NAME Elizabeth J. Gray (Mrs)

3. (b) If veteran, name war No.

3. (c) Social Security No. 488-07-3705

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife James

6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased March 16th, 1909 (Month) (Day) (Year)

8. AGE: Years 31 | Months 4 | Days 14 | If less than one day hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Switchboard Operator

11. Industry or business

FATHER
12. Name Samuel Feretti,
13. Birthplace Italy (City, town, or county) 7 (State or foreign country)

MOTHER
14. Maiden name Anna Agelin,
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mr. James M. Gray

(b) Address 3619 Hereford

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 2nd, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Hy Leidner Mnd. Co

(b) Address 2223 St. Louis Ave.,

19. (a) AUG 1 1940 (Date received local registrar) (b) J. F. Bredock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 year 1940 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from 7-6-, 1940 to 7-26-, 1940; that I last saw her alive on 7-26, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death (1) Cerebral Embolus (2) Rheumatic mitral & aortic valvulitis (Insertion)

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 92a

Major findings: Of operations

Of autopsy

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

23. Signature K. L. Keffler M.D. (M. D. or other)

Address 5761 Chippewa Date signed 1-31-40

(Licensed Embalmer's Statement on Reverse Side)

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 John P. Burkholz

Licensed Embalmer No. 1674

P. O. Address 2323 St Louis A

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

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