

Registration District No. **791**Primary Registration District No. **1003**

Registrar's No.

**9313**

## 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:  
3924 Michigan  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution none  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days)

3. (a) PRINT FULL NAME Geo. W. Ferris3. (b) If veteran, name war No 3. (c) Social Security No. No4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 27 1856  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
84 7 14 hr. min.9. Birthplace Indiana  
(City, town, or county) (State or foreign country)10. Usual occupation Lever Man11. Industry or business Terminal R.R.12. Name William Ferris13. Birthplace Indiana  
(City, town, or county) (State or foreign country)14. Maiden name Unknown  
15. Birthplace Indiana  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Christine Schaeffer(b) Address 3924 Michigan Ave.17. (a) Burial (b) Date thereof Nov. 13-40  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation New St. Marcus18. (a) Signature of funeral director H. Schumacher(b) Address 3013 Meramec St.19. (a) NOV 13 1940 (b) J. J. Braddock  
(Date received local registrar) (Signature)

## 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. 3924 Michigan  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 10th.  
year 1940 hour 10 minute 15 P.M.21. I hereby certify that I attended the deceased from Sept 23  
1940 to Nov 10 1940  
that I last saw her alive on Nov 10 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic myocarditisDue to age

Due to \_\_\_\_\_

Other conditions Chronic interstitial Nephritis  
(Include pregnancy within 3 months of death)Major findings:  
Of operations Of autopsy 

Duration

6 mos

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?

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Manner of injury \_\_\_\_\_23. Signature J. J. Braddock (Date, or other)Address 4930 Lincoln Date signed 11-12-40

184009 + 11/10/10

**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.....

*Clarence Kochow*

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

working under my personal supervision.

Signed..... *Clarence Kochow* .....

Licensed Embalmer No. *3093*

P.O. Address..... *3013 Meramec* .....

**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.**