G. No. 2
1-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 18 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29757

Registration District No. 791

Primary Registration District No.

Registrar's No. 7095

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

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

(c) Name of hospital or institution: City Sanitarium 9
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4yrs.4mos.14days. (Specify whether
In this community 45yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis ~~23~~ 13 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1522 So. 3rd. St. 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME David Ferren

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Emma Ferren

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

7. Birth date of deceased May 11, 1870
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
71	2	17	hr. min.

9. Birthplace Olina / Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Builder

11. Industry or business contractor

FATHER
12. Name Wm. Ferren
13. Birthplace Allgood / Indiana
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jane Harris
15. Birthplace Martinville / Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant [illegible]
(b) Address 5400 Arsenal St.

17. (a) (Burial, cremation, or removal) (b) Date thereof 8-4-41
(Month) (Day) (Year)
(c) Place: burial or cremation Washington

18. (a) Signature of funeral director W. Richter
(b) Address 3500 Rutter

19. (a) SEP 2 1941 (Date received local registrar) (b) J. Bradock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1941 hour 12:30 minute P. M.

21. I hereby certify that I attended the deceased from 7-1-40 19 to 7-28-41 19
that I last saw him alive on 7-28-41 19
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arteriosclerosis	7-1-40-x
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No

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 J. R. Eiddman M.D. (M. D. or other) 0
Address 5400 Arsenal St. Date signed 8/5/41

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.