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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 22 1941 791

Registration District No.

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

37055

State File No.

Primary Registration District No. 1003

Registrar's No. 9285

**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: 716 Lynch 1
(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 25 years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County 000 17

(c) City or town St. Louis 24 9
(If outside city or town limits, write "RURAL")

(d) Street No. 716 Lynch St. 0
(If rural, give location)

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

3. (a) PRINT FULL NAME Joseph Antone Ferkel

3. (b) If veteran, name war None

3. (c) Social Security No. 493-03-7084

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Leona Ferkel

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased Oct. (Month) 6 (Day) 1896 (Year)

8. AGE: Years 45 Months 1 Days 17 If less than one day hr. min.

9. Birthplace Columbia (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Grinder

11. Industry or business Wagner Electric Co.

FATHER
12. Name Jacob Ferkel
13. Birthplace Columbia (City, town, or county) Ill. (State or foreign country)

MOTHER
14. Maiden name Anna Linrich
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Leona Ferkel

(b) Address 716 Lynch St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-26-41 (Month) (Day) (Year)

(c) Place: burial or cremation New S.S. Peter & Paul

18. (a) Signature of funeral director Witt Bros & Hilz

(b) Address 2929 S Jefferson Av.

19. (a) NOV 24 1941 (Date received local registrar) (b) Jo F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov. day 23 year 1941 hour 8 minute 00 A.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Multiple Myeloma
Intracerebral Bacterial
Due to Endocarditis

Due to B.P.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Pneumo. Eff. (x)

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?

While at work? (Specify type of place) (e) Means of injury 3

23. Signature Alfred J. Perry (M. D. or other)

Address Bergman Mo. Date signed 11/24/41

(Licensed Embalmer's Statement on Reverse Side)

FEB 6 1942

## 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 Paul A. Shanklin, Registered Apprentice No. ..... working under my personal supervision.

Signed Paul A. Shanklin

Licensed Embalmer No. 3472

P. O. Address 9999 S. Jefferson

**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.**