

FILED SEP 1 1942 8

Registration District No.

Primary Registration District No. 1003

Registrar's No. 7132

1. PLACE OF DEATH:
 (a) County.....
 (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Deaconess Hospital 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether

2. USUAL RESIDENCE OF DECEASED: 000
 (a) State Missouri (b) County 17
 (c) City or town St. Louis 91
(If outside city or town limits, write "RURAL")
 (d) Street No. 6335 Michigan Ave.,
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Joseph P. Ferry
 3. (b) If veteran, name war None 3. (c) Social Security No.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month August day 25th
 year 1942 hour 8 a.m. minute M.
 21. I hereby certify that I attended the deceased from May 15
1942 to Aug 25, 1942
 that I last saw h. in alive on any 24, 1942
 and that death occurred on the date and hour stated above.

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Fleda Ferry 6. (c) Age of husband or wife if alive 63 abt. years
 7. Birth date of deceased March 2, 1877
(Month) (Day) (Year)

Immediate cause of death Cornary thrombosis
chronic degenerative
 Due to arteriosclerosis
 Due to.....
 Other conditions.....
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>5</u>	<u>23</u> hr. min.

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

10. Usual occupation Clerk

MOTHER FATHER {
 11. Industry or business.....
 12. Name Peter Ferry
 13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)
 14. Maiden name Mary McGuire
 15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

Major findings:
 Of operations.....
 Of autopsy.....
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Fleda Ferry
 (b) Address 6335 Michigan Ave.

17. (a) Burial (b) Date thereof 8-27-42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mount Hope

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?
 Co. St. Louis (Specify type of place)
 While at work?..... (e) Means of injury 0

18. (a) Signature of funeral director Southern Undertaking
6322 S. Grand Blvd.
 (b) Address AUG 26 1942

19. (a) 1942 J. F. Bredack
(Date received local registrar) (Registrar's signature)

23. Signature J. F. Bredack (M. D. or other) 8/26/42
 Address 203 Deaconess Bldg. Date signed.....

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

L. A. Hempelman
3720 Washington
St 6204

283

8308 730

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 L. A. Hempelman
Licensed Embalmer No. 4018

P. O. Address St. Louis Mo.

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.