

S. No. 2
OM-543
ev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21889

State File No.

FILED AUG 11 1945

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6803

1. PLACE OF DEATH:

(a) County St. Louis Mo
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Barnes Hospital,
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 9 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1624 Clara Ave.
 (If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME Walter Payton Ferrell
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 1
 year 1945 hour 1 minute 50 A.M.
 21. I hereby certify that I attended the deceased from 7-22
1945 to 8-1 1945

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 (b) Name of husband or wife _____
 (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Jan 31 1890
 (Month) (Day) (Year)

that I last saw him alive on 8-1 1945
 and that death occurred on the date and hour stated above.
 Immediate cause of death Subacute bacterial endocarditis
 Due to Streptococcus veridans
 Due to _____
 Other conditions Cirrhosis of liver; Rheumatic Heart Disease
 (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
55 6 0 hr. min.

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

9. Birthplace Tenn.
 (City, town, or county) (State or foreign country)
 10. Usual occupation Foundry Worker
 11. Industry or business Retired
 12. Name Oscar C. Ferrell
 13. Birthplace Tenn.
 (City, town, or county) (State or foreign country)
 14. Maiden name Harriett Robinson
 15. Birthplace Tenn.
 (City, town, or county) (State or foreign country)
 16. (a) Informant H. M. Ferrell
 (b) Address 1624 Clara Ave.
 17. (a) Burial (b) Date thereof 8-4-45
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Calvary Drehmann-Harral
 18. (a) Signature of funeral director _____
 (b) Address 1905 Union Blvd.
 19. (a) AUG 2 1945 (b) J. J. [Signature]
 (Date received local registrar) (Registrar's signature)

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. Bradley (M. D. or Public Health Officer)
 Address Barnes Hospital Date signed 8/1/45

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

12660

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.....

Warren A. Carver

Licensed Embalmer No. *3534*

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.