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FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
Filed JUN 12 1948

UNITED STATES DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **17559**  
Registrar's No. **5195**

Registration District No. **318** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Saint Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Deaconess Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 12 hrs. 40 minutes  
(Specify whether years, months or days)

3: (a) PRINT FULL NAME INFANT FERRANTE  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 6 - 4 - 48  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day 12 hr 40 min

9. Birthplace Saint Louis Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Nil

MOTHER FATHER { 11. Industry or business \_\_\_\_\_  
12. Name Nick J. Ferrante  
13. Birthplace Saint Louis Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Dorothy J. Dayball  
15. Birthplace Saint Louis Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Father  
(b) Address 3341 Bendick St. Louis, Mo.  
17. (a) Burial (b) Date thereof June 5 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Picker Cem  
C. Hoffmeister Colonial Mortuary  
18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address 6464 Chippewa St.  
19. (a) JUN 7 1948 J. J. Braddock  
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3341 Bendick Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 5  
year 1948 hour 2 minute 30 AM.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory Failure  
Due to prematurity  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 159  
Major findings:  
Of operations \_\_\_\_\_  
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 \_\_\_\_\_  
23. Signature LeRoy J. ... (M. D. or other) \_\_\_\_\_  
Address 3784 ... Date signed 6-5-48

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**STATEMENT BY LICENSED EMBALMER**

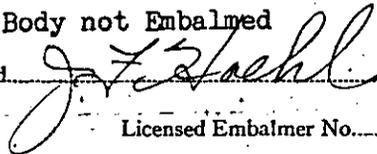
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

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

working under my personal supervision.

Body not Embalmed

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.**