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10-47
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 6 1948

Registration District No. 818

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 34118

Registrar's No. 9171

1. PLACE OF DEATH:

(a) County ~~St. Louis~~ -

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Pacific ... 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 1/2 Hours.. (Specify whether
In this community 7 1/2 Hours.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois. (b) County St. Clair. 999

(c) City or town East Carondelete -- 11
(If outside city or town limits, write "RURAL")

(d) Street No. R #I. 2
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME William L. Ferrick....

3. (b) If veteran, name war No..

3. (c) Social Security No.

4. Sex Male. 0

5. Color or race White.

6. (a) ~~Single, widowed~~, married, ~~divorced~~ 1

6. (b) Name of husband or wife Catherine Ferrick..

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased October 6th 1871...
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
77	0	16	hr. min.

9. Birthplace Monticello - Indiana... 1
(City, town, or county) (State or foreign country)

10. Usual occupation Retired -

11. Industry or business Assistant Supt. Mo.Pac.R.R.

FATHER
12. Name Martin Ferrick.... 11
13. Birthplace Ireland.... 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Britton. 1
15. Birthplace Ireland.... 4
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Ferrick 1

(b) Address Route #I - E. Carondelete Ill.

17. (a) Removal. (Burial, cremation, or removal) (b) Date thereof 10-23-48.
(Month) (Day) (Year)

(c) Place: burial or cremation Loganspont -- Indiana..

18. (a) Signature of funeral director Geo. W. Brichter

(b) Address #2218 State Street E. St. Louis, Ill.

19. (a) OCT 23 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month October day 22nd year 1948 hour 10: minute 45 PM M.

21. I hereby certify that I attended the deceased from Oct 22, 1948, to Oct 22, 1948, that I last saw him alive on Oct 22, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death
1) Secondary Anemia
2) Partial Intestinal Obstruction
Due to due to previous operation

Due to

Other conditions
(Include pregnancy within 3 months of death)

Duration
yrs.
3 days

Major findings:
Of operations

Of autopsy

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 W P Elmer (M. D. or other)

Address 17555 Grand St Louis, Mo. Date signed 10/23/48

(Licensed Embalmer's Statement on Reverse Side)

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 Me

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

working under my personal supervision.

Signed Ben H. Baldus

Licensed Embalmer No. 2420

P. O. Address E. St Louis

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.