

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22085

FILED JUN 27 1949

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 14254

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lemay 23		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lemay 23	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 1825 Lemay Ferry Rd.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1825 Lemay Ferry Rd.			

3. NAME OF DECEASED (Type or Print) Theresa Ferraris			4. DATE OF DEATH (Month) (Day) (Year) May 20, 1949		
a. (First)		b. (Middle)	c. (Last)		

5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 20, 1878	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 10	IF UNDER 24 HRS. Hours 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Italy		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Lawrence Vescovo	13b. MOTHER'S MAIDEN NAME Not known	14. NAME OF HUSBAND OR WIFE Peter Ferraris
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Peter Ferraris, 1825 Lemay Ferry	ADDRESS
---	-------------------------------------	---	---------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 8 hours Chronic
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Sensitivity 4201		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic cholecystitis Chronic		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from **12/87**, **1948** to **May 20, 1949**, that I last saw the deceased alive on **May 20, 1949**, and that death occurred at **9:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title)	23b. ADDRESS 7702 Morris Ave	23c. DATE SIGNED 5/21/49
---	-------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 5-22-49	24c. NAME OF CEMETERY OR CREMATORY Resurrection	24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.
---	--------------------------	--	--

DATE REC'D BY LOCAL REG. 5/23/49	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Fendler Und. Co., 7420 Michigan Ave.	ADDRESS
---	--	--	---------

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

6

9
0
3
0

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

W. Morris

Licensed Embalmer No. *3360*

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.