

FILED OCT 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35882

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 4117

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Jefferson Barracks, Mo.)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City	
c. LENGTH OF STAY (In this place) 4 days		d. STREET ADDRESS (If rural, give location) 7331 Cornell	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) W. c. (Last) FERREL			4. DATE OF DEATH (Month) (Day) (Year) 10/9/49			
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH 10/16/87	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Annada, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Benjamin Ferrel	13b. MOTHER'S MAIDEN NAME Virginia T. Omohundro	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) Yes World I	16. SOCIAL SECURITY NO. Unk.	17. INFORMANT'S SIGNATURE OR NAME V. A. HOSPITAL RECORDS	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Unk.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ENCEPHALOPATHY		Arterial Hypertension		Unk.
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				444X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 444X	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	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) V.A.	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 10/6 10 49, to 10/9 8:20a, 1949, that I last saw the deceased on 10/9 8:20a, 1949, and that death occurred at 8:20a, 1949, from the causes and on the date stated above.

23a. SIGNATURE L. E. Stilwell (Degree or title) L. E. STILWELL, M.D., Chf. of Prof. Services	23b. ADDRESS V.A. HOSP. JEFF. BRKS. MO.	23c. DATE SIGNED 10-10-49
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24a. BURIAL (Specify) BURIAL	24b. DATE 10-11-49	24c. NAME OF CEMETERY OR CREMATORY NATL. Cemetery	24d. LOCATION (City, town, or county) (State) JEFFERSON BR., MO.
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DATE REC'D BY LOCAL REG. 10-11-49	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. J. Schnur Funeral Home 3125 Lafayette - St. Louis, Mo.
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(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

John B. Hallmer

Licensed Embalmer No. *4014*

P. O. Address *325 Lafayette*

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.