U.S. No. 300
REV. 10.48

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

FILED APR 10 1950

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

10412

State File No. 30089

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 40 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2924 Lawton Avenue

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: 219
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 2924 Lawton Blvd.

**3. NAME OF DECEASED** (Type or Print)
a. (First): George
b. (Middle): W.
c. (Last): Ferrill

**4. DATE OF DEATH** (Month) (Day) (Year): 3/30/50

**5. SEX**: Male
**6. COLOR OR RACE**: Negro
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: 1/16/95
**9. AGE** (In years last birthday): 55 — IF UNDER 1 YEAR: Months, Days — IF UNDER 1 HRS.: Hours, Min.
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Waiter
**10b. KIND OF BUSINESS OR INDUSTRY**: Jefferson Hotel
**11. BIRTHPLACE** (State or foreign country): Arkansas
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Robert Ferrill
**13b. MOTHER'S MAIDEN NAME**: Vinie Steward
**14. NAME OF HUSBAND OR WIFE**: Annie M. Ferrill

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: 495-18-4359
**17. INFORMANT'S SIGNATURE OR NAME**: Annie Merrill — ADDRESS: 2924 Lawton Blvd.

**18. CAUSE OF DEATH** — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Apoplexy — INTERVAL BETWEEN ONSET AND 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.*

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☐ NO ☑

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 3-29-, 1950, *to* 3-30, 1950, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 3-a m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: Dr Edward Bell (Degree or title) M.D.
**23b. ADDRESS**: 2901 Laclede Avenue
**23c. DATE SIGNED**: 4-1-1950

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 4/3/50
**24c. NAME OF CEMETERY OR CREMATORY**: Washington Park Cemetery
**24d. LOCATION** (City, town, or county) (State): St. Louis, Missouri

DATE REC'D BY LOCAL REG.: APR 3 1950
REGISTRAR'S SIGNATURE: J. B. Lasater
**25. FUNERAL DIRECTOR'S SIGNATURE**: Chas. J. Gates — ADDRESS: 4107 Finney Ave.

(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 K Cunningham

Licensed Embalmer No. 4476

P. O. Address 4107 Finney Avenue

**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.