

FILED SEP 22 1951

STANDARD CERTIFICATE OF DEATH

State File No. 31460
Registrar's No. 7695

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (in this place) 30 yrs		d. STREET ADDRESS (If rural, give location) 1355a Shawmut	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bondel Hotel-802 N 9th St			

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM	b. (Middle)	c. (Last) FERSTER	4. DATE OF DEATH (Month) (Day) (Year) Aug. 29, 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Unk	9. AGE (In years last birthday) Ab 52	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cutter	10b. KIND OF BUSINESS OR INDUSTRY Manf.	11. BIRTHPLACE (State or foreign country) Austria 4	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Meyer Ferster	13b. MOTHER'S MAIDEN NAME Gitel Unk.	14. NAME OF HUSBAND OR WIFE Fannie
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 499-03-3637	17. INFORMANT'S SIGNATURE OR NAME Mrs. Tama Bushman	ADDRESS 6409 Enright
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH when
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Phenobarbital Poisoning		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) decreased took an over dose of barbiturate tablets in room # 130 at the Bondel Hotel		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1951 exact time unknown		DUE TO (c) 802 N 9th St on Aug 29	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION su accident	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hotel	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo E8716
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 29 51	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4/6
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 300 p.m., from the causes and on the date stated above.

23a. SIGNATURE Joseph M. Zuercher Deputy Coroner	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 8/30/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/31/51	24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth	24d. LOCATION (City, town, or county) (State) University City Mo.
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DATE REC'D BY LOCAL REG. AUG 30 1951	REGISTRAR'S SIGNATURE Earl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial	ADDRESS 4715 McPherson
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

James A. Rudberg
Licensed Embalmer No. *4229*

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.