

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38977**

No. 300
10-48

FILED DEC 15 1951

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10767**

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. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 5626 Etzel Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5626 Etzel Ave.			

3. NAME OF DECEASED a. (First) MARY (Type or Print)			b. (Middle) E.			c. (Last) FERRIS			4. DATE OF DEATH (Month) (Day) (Year) Dec. 3 1951				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Aug. 31, 1881		9. AGE (In years last birthday) 70		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) Housework				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) St. Louis, Mo.			12. CITIZEN OF WHAT COUNTRY?		

13a. FATHER'S NAME John Joyce			13b. MOTHER'S MAIDEN NAME Mary Jones			14. NAME OF HUSBAND OR WIFE Late John Ferris		
---	--	--	--	--	--	--	--	--

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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Marie Ferris 5626 Etzel Ave.			
---	--	-------------------------	--	--	--	--	--

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uraemia ANTECEDENT CAUSES DUE TO (b) Chr. Nephritis DUE TO (c) Arterio sclerosis genral II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 5 days 6 mons 1 yr.	
---	--	--	--	--	--	--	--	--	--

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 446X	
--	--	--	--	--	--	--	--

22. I hereby certify that I attended the deceased from **May 6**, 19**39**, to **December 3**, 19**51**, that I last saw the deceased alive on **Dec. 3, 1951**, and that death occurred at **12:10 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE OF REGISTRAR John Simpson M.D.			23b. ADDRESS 3739 Gravois			23c. DATE SIGNED 12-4-51		
---	--	--	-------------------------------------	--	--	------------------------------------	--	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 6, 1951		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.			
--	--	----------------------------------	--	---	--	--	--	--	--

DATE REC'D BY LOCAL REG. DEC 4 1951		REGISTRAR'S SIGNATURE John Simpson M.D.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.		
---	--	---	--	--	--	--	--

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..... *William A. White*

Licensed Embalmer No. *4291*

P. O. Address *4228 1/2 King Highway*

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.