

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

2759

State File No. 0377

FILED FEB 2 1954

BIRTH NO. _____		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. _____
1. PLACE OF DEATH a. COUNTY _____		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 township) OR TOWN St. Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		
d. FULL NAME OF HOSPITAL OR INSTITUTION DOA City Hospital		d. STREET ADDRESS (If rural, give location) 726 Dover Pl.		
3. NAME OF DECEASED (Type or Print) Roger Ferrell a. (First) _____ b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) 1-13-54	
5. SEX male 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 11, 1924	9. AGE (In years last birthday) 29 If under 1 year: Months _____ Days _____ If under 1 wk.: Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY? _____				
13a. FATHER'S NAME Roger Ferrell		13b. MOTHER'S MAIDEN NAME Estelle Russell	14. NAME OF HUSBAND OR WIFE Jacqueline Ferrell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) yes World War II		16. SOCIAL SECURITY NO. 487-22-8958	17. INFORMANT'S SIGNATURE OR NAME Jacqueline Ferrell ADDRESS 726 Dover Pl.	
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) Cerebral Skull Fracture; Subdural Hemorrhage; suffered in collision between car operated by deceased and car operated by Lawrence Luce at intersection of Miami & Compton II. OTHER SIGNIFICANT CONDITIONS None Conditions contributing to the death but not related to the disease or condition causing death.		
18. INTERVAL BETWEEN ONSET AND DEATH _____		19a. DATE OF OPERATION about 1245 am Jan 13 1954		
19b. MAJOR FINDINGS OF OPERATION Accident				
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, garage, street, office bldg., etc.) Street	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) St. Louis Mo.	(STATE) MO	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 13 54/2A m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? E8164		
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 10:00 A.M. , from the causes and on the date stated above. 26				
23a. SIGNATURE (Type or Print) Patrick E. Taylor, Coroner		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 1.14.54
24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 1-15-54	24c. NAME OF CEMETERY OR CREMATORY National Cem.	24d. LOCATION (City, town, or county): Jeff. Brks., Mo. (State) _____	
DATE REC'D BY LOCAL REG. JAN 14 1954	REGISTRAR'S SIGNATURE J. Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE _____ ADDRESS SOUTHERN FUNERAL HOME 6322 S. GRAND BLVD. ST. LOUIS 11, MO.		

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

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

David Van Fossan

Licensed Embalmer No. 4542

P. O. Address 6325 de Grand

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.