

FILED MAR 1 1955

STANDARD CERTIFICATE OF DEATH

State File No. 6672

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 306

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Clayton		c. CITY OR TOWN Affton	
c. LENGTH OF STAY (In this place) D.O.A		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Louis County Hosp.		e. STREET ADDRESS (If rural, give location) Rt 14 Box 806	

3. NAME OF DECEASED (Type or Print) a. (First) John	b. (Middle) *****	c. (Last) Ferkey	4. DATE OF DEATH (Month) (Day) (Year) Feb 5rd 1955
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 14th 1907	9. AGE (In years last birthday) 47	IF UNDER 1 YEAR Months Days Hours Min. 10 20
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chrome Plater	10b. KIND OF BUSINESS OR INDUSTRY Co. Plating Co.	11. BIRTHPLACE (City and State or Foreign Country) Zeigler, Ill	12. CITIZEN OF WHAT COUNTRY? U. S. A
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13a. FATHER'S NAME Peter Ferketich	13b. MOTHER'S MAIDEN NAME Mary Vukolich	14. NAME OF HUSBAND OR WIFE Mrs Elsie Ferkey
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. 492-09-8614	17. INFORMANT'S SIGNATURE OR NAME Mrs Elsie Ferkey	ADDRESS Rt 14 Box 806 Affton Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) UNKNOWN NATURAL CAUSES		
	ANTECEDENT CAUSES Morbidity 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE Herbert R. Domke (Degree or title) H.D. Local Registrar	23b. ADDRESS 651 S. Brentwood Blvd,	23c. DATE SIGNED 2/9/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb 7th 1955	24c. NAME OF CEMETERY OR CREMATORY Resurrection Cem.	24d. LOCATION (City, town, or county) (State) St Louis, Mo.
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DATE REC'D BY LOCAL REG. 2-5-55	REGISTRAR'S SIGNATURE Herbert R. Domke	25. FUNERAL DIRECTOR'S SIGNATURE Fey Funeral Home	ADDRESS Mehlville Mo.
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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.....
Signature of Student Embalmer

Signed *John J. Harris*.....
Licensed Embalmer No. 4100.....

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.