

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-046766

STATE FILE NUMBER

76815-58

JAN 14 1958

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3346

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1. PLACE OF DEATH a. COUNTY <b>ST LOUIS</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST LOUIS</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>MEHLVILLE</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>ST LOUIS</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>37 FULLER NUR HOME</b>			Length of stay in 1b <b>3 mos 2 1/39</b>		d. STREET ADDRESS (If outside, give location) <b>3275 JANUARY AV</b>
3. NAME OF DECEASED (Type or print) First <b>ROBERT</b> Middle <b>—</b> Last <b>FERRO</b>			4. DATE OF DEATH <b>DEC-21-1958</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>OCT-2-1958</b>	9. AGE (In years last birthday) <b>0</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>19</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NONE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>	11. BIRTHPLACE (City and state or country) <b>ST LOUIS Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>	
13. FATHER'S NAME <b>ANTHONY FERRO</b>			14. MOTHER'S MAIDEN NAME <b>CARMEN ALVAREZ</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT <b>MR ANTHONY FERRO</b> Address <b>3275 JANUARY AV. ST LOUIS Mo.</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Hydroxylobes (Mental deterioration)</b> DUE TO (b) <b>Squid lefida; meningococci</b> DUE TO (c) <b>Congenital anomaly</b>					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>9.51% X</b>		
20c. TIME OF INJURY Hour <b>a. m.</b> Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <b>11-1-58</b> to <b>12-21-58</b> and last saw <sup>her</sup> him alive on <b>11/16/58</b> Death occurred at <b>12/21/58 8:10 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Leona Duteyron</b> (Degree or title)			22b. ADDRESS <b>8515 Delmar (W)</b>		22c. DATE SIGNED <b>12/21/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
<b>BURIAL</b>	<b>DEC-22-1958</b>	<b>Mt Olive Cem.</b>		<b>LEMAU Mo</b>	
24. FUNERAL DIRECTOR ADDRESS <b>FEY FUNERAL HOME, MEHLVILLE Mo</b>		25. DATE RECD. BY LOCAL REG. <b>12-22-58</b>	26. REGISTRAR'S SIGNATURE <b>Herbert R. Dond M.D.</b>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.....  
*Not EMBALMED*  
*James King*  
Licensed Embalmer No.....

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