

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 19 1960

318

Primary Registration District No. 1003

Registrar's No.

9909

-60-039721

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. Institution: Residence before admission) a. STATE MISSOURI b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		c. CITY OR TOWN WEBSTER GROVES	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DEACONESS HOSPITAL		d. STREET ADDRESS (If outside, give location) 59 WILSHIRE TERRACE	

3. NAME OF DECEASED (Type or print) <i>CAROLINE</i> Middle <i>FERRON</i> <i>CAROLINE FERRON</i>		4. DATE OF DEATH Month Day Year OCTOBER 10, 1960	
5. SEX FEMALE	6. COLOR OR RACE CAUCASIAN	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/11/1888
9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR 72 Months Days Hours Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	
10a. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (City and state or country) STURBRIDGE, MASS.	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME THOMAS EVANS	
13b. MOTHER'S MAIDEN NAME THERESA DUFFY		14. NAME OF HUSBAND OR WIFE GEORGE J. FERRON (DEC.)	

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. NONE	17. INFORMANT MRS. CARLETON SYPHER, #59 WILSHIRE TER.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Abdominal carcinomatosis</i> DUE TO (b) <i>Primary left colon carcinoma</i> DUE TO (c) <i>153.2</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 1/2 years</i> <i>1 1/2 years</i>
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		

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
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21. I attended the deceased from *April 1959* to *10-10-60* and last saw her *alive* on *10-10-60*  
Death occurred at *10:00 P.M.* m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Robert H. Smith, M.D.</i>	22b. ADDRESS <i>6500 Chippewa, St. Louis</i>	22c. DATE SIGNED <i>10-11-60</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 10/13/1960	23c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEMETERY	23d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MISSOURI
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24. FUNERAL DIRECTOR ADDRESS HOFFMEISTER COLONIAL MORTUARY 6464 CHIPPEWA STREET, ST. LOUIS, MO.	25. DATE RECD. BY LOCAL REG. OCT 12 1960	26. REGISTRAR'S SIGNATURE <i>Robert Smith, M.D.</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

212114

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John H. Dennis  
Licensed Embalmer No. 419  
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.