

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

11541

1. PLACE OF DEATH

County Registration District No. 759D
 Township Primary Registration District No. SE 23
 City St. Louis Mo. (No. 3910A Mah St.)

File No.
 Registered No. 2616
 St. Ward)

2. FULL NAME

(a) Residence, No. 50455 32nd St. St. 15 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|--|---|
| 3. SEX <u>male</u> | 4. COLOR OR RACE <u>white</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widower</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 29-1853</u> | | |
| 7. AGE | YEARS <u>77</u> | MONTHS <u>8</u> |
| | DAYS <u>17</u> | IF LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Milk Labor</u> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | |
| | 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation. |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Syria</u> | | |
| FATHER | 13. NAME <u>Jacob Ferris</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Syria</u> | |
| MOTHER | 15. MAIDEN NAME <u>Spania Unknown</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Syria</u> | |
| 17. INFORMANT <u>Mr. Alexander Ferris</u> (ADDRESS) <u>3910A Mah St.</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New St. P. & Paul</u> DATE <u>March 18 1933</u> | | |
| 19. UNDERTAKER <u>E. J. Schmur</u> (ADDRESS) <u>3125 Lafayette St.</u> | | |
| 20. FILED <u>18 1933</u> <u>Max Starkey</u> Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-14, 1933, to 3-16, 1933.
 I last saw him alive on 3-14, 1933. Death is said to have occurred on the date stated above, at 4:45 p.m.
 The principal cause of death and related causes of importance were as follows:
 Date of onset

apoplexy cerebral

Other contributory causes of importance: Hypertension

Name of operation Date of
 What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify
 (Signed) Robert J. Sanders, M. D.
 (Address) 1452 N. 15

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Handwritten characters, possibly a signature or initials.

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