

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

Do not use this space.

42161

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **St. Louis** (No. **City Hospital**) St. .... Ward)

File No. ....  
Registered No. **11233**  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. **2103 Birney** Ward. **9**

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **8** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **F** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Robert Fermani**  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 6 - 1909**  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
**24 11 22**

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
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) **Missouri**

MOTHER FATHER  
13. NAME **Jessie Sand**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

15. MAIDEN NAME **Julia Greene**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

17. INFORMANT (ADDRESS) **Wasp Inf. Co. Keokuk City Wasp**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Rolla Mo** DATE **12-30** 19 **33**

19. UNDERTAKER (ADDRESS) **W. A. Strickland Co 2117 W. Grand**

20. FILED **DEC 29 1933** **J. A. Bredeck** Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec 28**, 19**33**

22. I HEREBY CERTIFY, That I attended deceased from **12/26**, 19**33**, to **12/28**, 19**33**

I last saw her alive on **12/28**, 19**33** Death is said to have occurred on the date stated above, at **11:30** pm.

The principal cause of death and related causes of importance were as follows:

**Edampric** Date of onset **?**

**146**

Other contributory causes of importance **146**

**Pregnant - full term**

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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?.....

If so, specify.....

(Signed) **W. A. Strickland**, M. D.

(Address) **City Wasp**

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

**JAN 26 1934**

