

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

Do not use this space.

NOV 9 1935

HOSPITAL 791
1003

34287

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No.....)

Registration District No.....
Primary Registration District No.....

File No.....
Registered No. 8712 St. Ward)

2. FULL NAME

Kenneth Ferras
(a) Residence, No. Ashby, Marshfield Rds. St. N. R. Ward.
(Usual place of abode) (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 30, 1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 2 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. rib
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

13. NAME Elmer Ferras

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau, Mo

15. MAIDEN NAME Hazel Hale

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo

17. INFORMANT Dr. Kelly, 5600 Arsenal (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Shannon DATE Oct 19 1935

19. UNDERTAKER Baumann Bros Inc, (ADDRESS) Overland, Mo

20. FILED UL: 17 19 11 J. P. Braddock Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1935, to Oct. 16, 1935. I last saw him alive on Oct. 16, 1935. Death is said to have occurred on the date stated above, at 9:05 p.m.

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

Diphtheria faucial + Laryngeal Date of onset 10-15-35

Other contributory causes of importance:

Bronchopneumonia

Name of operation Tracheotomy Date of 10-15-35

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? no If so, specify _____

(Signed) Thomas J. Ulrich M. D. (Address) 5600 Arsenal St

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.

MARGIN RESERVED FOR BINDING

V. S. NO. 2
100M-11-24-33

