

JAN 13 1936

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

Do not use this space.

41259

1. PLACE OF DEATH

County ..... Registration District No. **1003**  
Township ..... Primary Registration District No. ....  
City St. Louis MO (No. ....), Sanatorium St. .... Ward)

File No. ....  
Registered No. **10473**

2. FULL NAME

Frank Ferris  
(a) Residence, No. 5415 Manchester St., 4 Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred 13 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 5, 1886</u>		
7. AGE	YEARS <u>49</u>	MONTHS <u>2</u>
	DAY <u>2</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>Grinder</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Cutlery &amp; Tools.</u>	
	10. Date deceased last worked at this occupation (month and year) <u>1-2-1935</u>	11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Cingola Italy

FATHER  
13. NAME Angelo Ferris  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Italy

MOTHER  
15. MAIDEN NAME Unknown  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Italy

17. INFORMANT (ADDRESS)  
Henry C. Allen 5300 Arsenal

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Calvary Cemetery St. Louis 1935

19. UNDERTAKER (ADDRESS)  
J. H. Beckenbender 2944 Broadway

20. FILED DEC 11 1935  
J. H. Bredeck  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1934, to Dec 7, 1935. I last saw him alive on Dec 7, 1935. Death is said to have occurred on the date stated above, at 1:25 p.m.  
The principal cause of death and related causes of importance were as follows:

Chronic cholecystitis with cholelithiasis  
General Paralysis of Insane (Erethia)  
Date of onset 9/22/35

Other contributory causes of importance:  
Cholecystectomy Date of 12/6/35

Name of operation Cholecystectomy Date of 12/6/35  
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) Henry C. Allen, M. D.  
(Address) 5300 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.

