

MAR 5 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. 791
 Township Primary Registration District No. 1003
 City St. Louis, Mo. (No. Bethesda Gen. Hosp) St. Ward)

File No. 4361
1387
 Registered No.
 St. Ward)

2. FULL NAME Baby Ferrie

(a) Residence, No. 24153 Fall St. 11 Ward. 1
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) X

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 3, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
Stillbirth X X

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. X
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X
 10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) MO.

FATHER
 13. NAME William Ferrie
 14. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) MO.

MOTHER
 15. MAIDEN NAME Lucille Lucks
 16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) MO.

17. INFORMANT Bethesda Gen. Hospital (ADDRESS) 3649 Vista Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Feb. 5, 1937

19. UNDERTAKER Cullinane Bros. (ADDRESS) 1710 N. Grand Ave.

20. FILED FEB 5 1937 J. Predeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 3 - 1937

22. I HEREBY CERTIFY, That I attended deceased from 11:30, 1937, to 1:30, 1937.

I last saw her alive on, 19..... Death is said to have occurred on the date stated above, at 11:45 P. m.

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

Still-born

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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 Lloyd L. Herd M. D.

(Signed) Lloyd L. Herd M. D.

(Address) 709 Lincoln Tr. Bldg.

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.

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

I X 7284

