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.

JAN 10 1938

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

Do not use this space.

43077

1. PLACE OF DEATH

County ..... Registration District No. 1008 File No. 11327

Township ..... Primary Registration District No. ..... Registered No. 11327

City St. Louis, Mo. (No. 2941 Lucas Ave. ..... St. ..... Ward)

2. FULL NAME William Ferrar

(a) Residence, No. 2941 Lucas Ave St., 21 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE About 41 YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor 92
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 482
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) Perryville Mo.

FATHER

13. NAME Tommie Ferrar
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 180

MOTHER

15. MAIDEN NAME Rosa Jones
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Odessa Lamb 1337 Glasgow Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE Dec 10th 1937

19. UNDERTAKER (ADDRESS) A.L. Beal Undertaking Co. 2726 Lucas Ave

20. FILED DEC 9 1937, 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/5/37, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 3:57 P.M.

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

Date of onset

Meningitis (Traumatic).
Fracture of the Skull.
Burns of the face and hands, as a result of trying to extinguish a Fire of undetermined origin in his

Other contributory causes of importance:

place of business 2941 Lucas Ave., on November 27, 1937 at about 11:40 P.M. Damage to Bldg $50.00

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

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 11/27/19 37

Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In Home

Manner of injury See Above.

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify .....

(Signed) Joseph M. Quinn M.D.

(Address) Deputy Coroner