

FEB 12 1938

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

289  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
 (b) Township ..... Primary Registration District No. **1003**  
 (c) City **St. Louis** (d) Street No. **City Hospital No. 1** Registered No. **145**  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

**Frank Ferriman** **655**  
 (a) Residence, No. **4649 Newsberry St. Terrace** (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city) **42**

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Gertrude Ferriman**  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **NOVEMBER 25 1864**  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. **73 1 9**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Nil**  
 9. Industry or business in which work was done, as saw mill, bank, etc. **Former Commercial Salesman**  
 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) **Illinois**

FATHER 13. NAME **James Ferriman**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **West Indies**

MOTHER 15. MAIDEN NAME **?**

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

17. INFORMANT (ADDRESS) **Hosp. Info M. Kant!**

18. BURIAL, CREMATION, OR REMOVAL PLACE **MOUNT LEBANON** DATE **JAN 5<sup>th</sup> 1938**

19. FUNERAL DIRECTOR (ADDRESS) **C. R. LUPTON & SONS 4649 OLIVE**

20. FILED **JAN 5 1938** **J. T. Bredeck** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1/4/38** 19  
 22. I HEREBY CERTIFY, That I attended deceased from **12/2/38**, 19 to **1/4/38**, 19  
 I last saw him **live on** **1/4/38**, 19. Death is said to have occurred on the date stated above, at **10/15 a**  
 The principal cause of death and related causes of importance were as follows:

**Pneumonia, lobar, right** Date of onset  
**10/15**  
 Other contributory causes of importance:

Name of operation **None** Date of .....  
 What test confirmed diagnosis? **X-ray** 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) **[Signature]** M. D.  
 (Address) **City Hospital No. 1**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. PHYSICIANS should state EXACTLY. PHYSICIANS should state EXACTLY.

STATEMENT BY LICENSED EMBALMER

I, C. R. Lupton, Licensed Embalmer No. #2123

hereby certify that the body recorded on the reverse side of this certificate was embalmed by B. A. Miles

L. E.

No. 2901 or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed C. R. Lupton  
Licensed Embalmer No. 2173

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**