REC'D JUL 12 1938

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

20302
Do not use this space.

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis Mo.
Registration District No. 791
Primary Registration District No. 1008
Registered No. 5441
(d) Street No. BARNES HOSPITAL St.
(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 Forrest G. Ferris 620
(a) Residence, No. 5847 Enright St. 5
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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~~): Bessie R. Ferris

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 7/31/1860

7. AGE: YEARS 77 | MONTHS 10 | DAYS 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Lawyer
9. Industry or business in which work was done, as 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): Reading Michigan

FATHER
13. NAME: Augustus H. Ferris
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Sylvia Reed
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Ruth Ferris, 5847 Enright

18. BURIAL, CREMATION, OR REMOVAL
PLACE Moberly, Mo DATE 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Alexander & Sons, 6175 Delmar

20. FILED JUN 16 1938 J. P. Biedick, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 14th, 1938, to June 16th, 1938
I last saw him alive on June 16th, 1938. Death is said to have occurred on the date stated above, at 1.20 A.M
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia secondary to carcinoma of rectum	1933?

Other contributory causes of importance:
Senility
Arteria-sclerosis

Name of operation ..... Date of .....
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? .....
If so, specify .....
(Signed) Alex Mueller, M. D.
(Address) BARNES HOSPITAL

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Jos. E. McCullah, or by Self

Registered Apprentice No. ....., working under my personal supervision.

Signed Jos E McCullah

Licensed Embalmer No. 2460

P. O. Address .....

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

If this body is not embalmed, above space should be left blank.