

NOTE: 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.

MO ADD 11 1939

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

23622  
 Do not use this space.

1. PLACE OF DEATH  
 (a) County St. Louis Children's Hospital Registration District No. 701  
 (b) Township 1 Primary Registration District No. 1008 Registered No. 5895  
 (c) City 1 (d) Street No. 1 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 Mary Ann Ferratti 630  
 (a) Residence, No. 5356 Magnolia St. 13 (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED child (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-9-35

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
<u>3</u>	<u>10</u>	<u>21</u>	

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

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

FATHER 13. NAME Joseph Ferratti  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

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

17. INFORMANT F. Harpeth (ADDRESS) 520 S. Kingshighway  
 18. BURIAL, CREMATION, OR REMOVAL St. Peter's Church DATE July 9 1939

19. FUNERAL DIRECTOR (NAME) Paul Cafarella (ADDRESS) 5147 Daguerre  
 20. FILED JUL 3 1939 J. F. Bedeck Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-30-39, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-19, 1939, to 6-30, 1939  
 I last saw her alive on 6-30-39, 1939. Death is said to have occurred on the date stated above, at 2:30 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Pneumonia  
Multiple Lung Abscesses  
Asthma  
non-tubercular caused by bacterial asthma  
Bronchopneumonia Date of 6-30  
 What test confirmed diagnosis? autopsy Was there an autopsy? yes

Other contributory causes of importance:  
Multiple Lung Abscesses years  
Asthma  
non-tubercular caused by bacterial asthma  
Bronchopneumonia Date of 6-30  
 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) Bernard Schwartzman M.D.  
 (Address) 4500 Olive

STATE OF CALIFORNIA  
DEPARTMENT OF HEALTH  
DIVISION OF PUBLIC HEALTH

**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, \_\_\_\_\_  
or by \_\_\_\_\_

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

Signed *J. S. Sullivan*

Licensed Embalmer No. *1122*

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.

*Paul E. Galveston*