

DEC 13 1939 791

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH: **1003** **2**
 (a) County _____
 (b) City or town **St. Louis**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4138a Shaw Blvd.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME **Mary Ferketich** **623**
 3. (b) If veteran, name war **nil** 3. (c) Social Security No. **nil**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **married**
 6. (b) Name of husband or wife **Peter Ferketich** 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **About 1872**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 67 Unknown Unknown hr. _____ min.

9. Birthplace **Croatia**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business _____

MOTHER FATHER
 12. Name **Ivan Vukovic**
 13. Birthplace **Croatia**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Unknown**
 15. Birthplace **Unknown**
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Peter Ferketich**
 (b) Address **4138 Shaw Blvd.**

17. (a) **Burial** (b) Date thereof **Nov. 21-39**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **New SS, Peter & Paul**

18. (a) Signature of funeral director **M. C. Maydell**
 (b) Address **1926 Allen Ave.**

19. (a) **NOV 20 1939** (b) **J. F. Brudner**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **1**
 (a) State **Missouri** (b) County _____
 (c) City or town **St. Louis** **17**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **4138a Shaw Blvd.**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **18**
 year **1939** hour **11** minute **10 A.M.**

21. I hereby certify that I attended the deceased from **March**, 19**36** to **11/18**, 19**39**
 that I last saw **her** alive on **11/18**, 19**39**
 and that death occurred on the date and hour stated above.

Immediate cause of death
Cardiac Decompensation **6 weeks**
Ch. Bronchitis **5 yrs**
Chronic myocarditis
 Due to _____
 Due to _____

Other conditions (include pregnancy within 3 months of death) _____
 Major findings: _____
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature **William H. Broder** (M. D. coroner) **WHD**
 Address **1225 Sidney St.** Date signed **11/18/39**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39
 I X1951

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.

6-7021

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 Benj E Duncan

Licensed Embalmer No. 2272

P. O. Address 1726 Alh

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.