

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 9476Registration District No. 791

Primary Registration District No. _____

Registrar's No. 2959

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
 (b) City or town St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: City Hospital, #1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: in hospital or institution 9 Days
 (Specify whether _____)
 In this community Unknown
 years, months or days)

8. (a) PRENT FULL NAME Edward Ferrell3. (b) If veteran, name war Unknown 8. (c) Social Security No. Unknown4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Unknown years7. Birth date of deceased April 11, 1876
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
63 10 25 hr. min.9. Birthplace Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Nil.11. Industry or business Nil.

MOTHER FATHER

12. Name Alexander Ferrell M13. Birthplace Missouri
(City, town, or county) (State or foreign country)14. Maiden name Sarah Doyle15. Birthplace Missouri
(City, town, or county) (State or foreign country)16. (a) Informant Ann Mary Johnson
(b) Address City Hospital, #117. (a) _____ (b) Date thereof 3/11/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Louis18. (a) Signature of funeral director W. Richter
(b) Address 3500 Rutger19. (a) MAR 29 1940 (Date received local registrar) J. P. Bauck (Signature)

-2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 19
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3756 Olive
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5,
year 1940 hour 2:30 minute _____ P. M.21. I hereby certify that I attended the deceased from February
26, 1940, to March 5, 1940;
that I last saw him alive on March 5, 1940;
and that death occurred on the date and hour stated above.Immediate cause of death Prostatic carcinoma with metastases to
vertebrae
Due to UterineDue 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 Chleus (M. D. or other) _____
Address 1515 Lafayette, 3/6/40

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

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 _____

Licensed Embalmer No. _____

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.