

**FEB 25 1941**  
Registration District No. 791

Primary Registration District No. 1003

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

**1. PLACE OF DEATH:**

(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: Isolation Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution one day  
In this community 58 years  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 100  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 1720  
(d) Street No. 2526 a Howard  
(If rural, give location) 9  
(e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME Hannah Ferrara

3. (b) If veteran, name war No. 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) ~~Single, widowed, married,~~ divorced, married

6. (b) Name of husband or wife Anthony Ferrara 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased January 27 1883  
(Month) (Day) (Year)

8. AGE: Years 58 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Anthony O'Brien

18. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)

14. Maiden name Alice Moore

15. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)

16. (a) Informant mb Barry  
(b) Address 5600 Arsenal

17. (a) Burial (b) Date thereof Jan. 29, 1941  
(burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cremation

18. (a) Signature of funeral director Howard F. Sons

(b) Address 4212 St. Louis Ave.

19. (a) JAN 28 1941 (b) J. W. Beck  
(Date received at registrar's office) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan day 26  
year 1941 hour 10:45 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Jan. 26,  
\_\_\_\_\_ 1941 to Jan 26, 1941 19\_\_\_\_;  
that I last saw h. er alive on Jan 26, 1941 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Scarlet fever Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions old thoracoplasty with collapsed right lung

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Physician \_\_\_\_\_  
Underline the cause to which death should be charged statistically. None as above

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 Dr. M. J. Wells (M. D. or other) \_\_\_\_\_  
Address Isolation Hospital Date signed 1-28-41

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**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

*Jos A Howard*

Licensed Embalmer No.

*3941*

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.**