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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23289

FILED AUG 28 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5641

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5342 Bishoff Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 1 years, months or days) Yes

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town ST. Louis, MO. 137
(If outside city or town limits, write "RURAL")

(d) Street No. 5342 Bishoff Ave
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Jasper La Ferla

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Guiseppina Fermulla

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased 8 (Month) 25 (Day) 1871 (Year)

8. AGE: Years 69 Months 10 Days 11 If less than one day hr. min.

9. Birthplace Italy (City, town, or county) 5 (State or foreign country)

10. Usual occupation

11. Industry or business Laborer

FATHER
12. Name Domenick La Ferla
13. Birthplace Italy (City, town, or county) 5 (State or foreign country)

MOTHER
14. Maiden name Guseppa Faviani
15. Birthplace Italy (City, town, or county) 5 (State or foreign country)

16. (a) Informant Mrs. G. La Ferla
(b) Address 5342 Bishoff Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7. (Month) 9. (Day) 41 (Year)
(c) Place: burial or cremation New H Peter Paul Cem

18. (a) Signature of funeral director Paul C Calcaterra
(b) Address 5142 Daggett Ave

19. (a) JUL 8 1941 (Date received local registrar) (b) J. M. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6
year 1941 hour 7 minute A. M.

21. I hereby certify that I attended the deceased from June 26, 1941, 19 to July 6, 1941
that I last saw him alive on July 5, 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerosis	6 years
Due to Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Joseph F. Cieri (M. D. ~~[illegible]~~) 0
Address 1124 Marconi Date signed 7/8/41

(Licensed Embalmer's Statement on Reverse Side)

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: Paul C Calcaterra

Licensed Embalmer No. 2376

P. O. Address 51 + 2 Daggett

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

If this body is not embalmed, fact should be so stated above.