

S. No. 2  
4-1-4-41  
7-5-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 32979

1003

Registrar's No. 7931

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Missouri  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1436 Papin  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 40 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County COE  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1436 Papin st  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Frank Ferris

3. (b) If veteran, name war None 3. (c) Social Security No. 489-07-2150

4. Sex M 5. Color or race C 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Pauline Ferris 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased (Month) (Day) (Year) 1870

8. AGE: Years Months Days If less than one day  
About 71 hr. min.

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

10. Usual occupation Laborer

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

12. Name Robert Ferris

13. Birthplace (City, town, or county) (State or foreign country) Ga

14. Maiden name Anna Barren

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

16. (a) Informant Pauline Ferris

(b) Address 1436 Papin st

17. (a) Burial (b) Date thereof oct 4-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director J W Hughes

(b) Address 2620 Lawton

19. (a) OCT 4 1941 (b) J T Budeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 30 day Sept.  
year 1941 hour 4 minute 2 M.

21. I hereby certify that I attended the deceased from 9-28-41  
to 9-30-41, 1941.

that I last saw him alive on Sept - 29 - 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Intestinal Affection

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

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

Other conditions Broncho pneumonia -

(Include pregnancy within 3 months of death) 2 weeks

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) (a) Means of injury \_\_\_\_\_

23. Signature Dr Edward Bell (M. D. or other) MD  
Address 2901 1/2 Locust Ave Date signed 10-1-41

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

MOTHER FATHER

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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..... *Lyda Hughes* .....  
Licensed Embalmer No. *2938* .....  
P. O. Address *St Louis mo* .....

**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, fact should be so stated above.**