

016
 V. S. No. 2
 Form 9-4-41
 Rev. 5-17-38
 X29484

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 FILED
 JUN 13 1942 7:91

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH
 1003

State File No. 19556
 Registrar's No. 5434

Registration District No. _____ Primary Registration District No. _____

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

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: St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 Days
(Specify whether years, months or days)

In this community 40 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 2839 Arsenal Michigan
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Fred Ferkel

3. (b) If veteran, name war No

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22, year 1942 hour 9:05 minute P. M.

21. I hereby certify that I attended the deceased from June 14, 1942 to June 22, 1942
 that I last saw him im alive on June 22, 1942
 and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 1 1869
(Month) (Day) (Year)

Immediate cause of death: Diabetes mellitus of rt. foot

Due to _____

Due to _____

Other conditions 6/19
(Include pregnancy within 3 months of death)

8. AGE:

Years	Months	Days	If less than one day
<u>87</u>	<u>10</u>	<u>21</u>	hr. _____ min. _____

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

10. Usual occupation Nil

11. Industry or business _____

12. Name Jacob Ferkel

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

14. Maiden name Barbara Wilde

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

16. (a) Informant Charles Ferkel

(b) Address 2315 Arsenal

17. (a) Removal (b) Date thereof 6-25-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Ill

18. (a) Signature of funeral director E. J. Schneider

(b) Address Columbia Ill

19. (a) JUN 21 1942 (b) J. P. Bedeck
(Date received local registrar) (Registrar's signature)

Major findings:

Of operations none

Of autopsy none

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 0

23. Signature M. W. Johnson (M. D. or other) _____
 Address 1515 Lafayette Ave. Date signed 6/23/42

X44 (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

Howard P. Pawlone

Licensed Embalmer No. *3114*

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.