

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

38010

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 2460

FILED DEC 10 1942
Registration District No. 784

Primary Registration District No. 200

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Wellston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6468 Wellsmar 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 _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Wellston
(If outside city or town limits, write "RURAL")
(d) Street No. 6468 Wellsmar Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 24th.
year 1942 hour 3 minute A.M. M.

21. I hereby certify that I attended the deceased from
July 16 1942 to Nov. 24. 1942
that I last saw him alive on Nov. 10 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage
Due to: Hepatitis
Due to: _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations: _____
Of autopsy: 13/0

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 [Signature] (M. D. or other) _____
Address [Address] Date signed [Date]

3. (a) PRINT FULL NAME FERDINAND E. ENGLISH.

3. (b) If veteran, name war None 3. (c) Social Security No. 498-16-0176

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

6. (b) Name of husband or wife Willie Mae English. 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased September 23, 1873.
(Month) (Day) (Year)

8. AGE: Years 69 Months 2 Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation Real Estate Operator

11. Industry or business retired.

12. Name Alban English.

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

14. Maiden name Margaret F. Lane.

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

16. (a) Informant Mr. John W. English.

(b) Address 1339 Shawmut Ave.

17. (a) Cremation (b) Date thereof 11-27-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.

(b) Address 5966-68 Easton Ave.

19. (a) NOV 25 1942 (b) [Signature]
(Date received at local registry) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

96
0
0

96
0

M.D.

Dr. Roy Compton.

6122 Page Ave.

3 P.M.

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 3454

David C. Gibson, Registered Apprentice No. 346,
working under my personal supervision:

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 3966 Easton St. M

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.