

01
 V. S. No. 2
 50M-5-42
 Rev. 5-17-39
 X32873

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

38697

State File No. 10266

FILED DEC 15 1942 318

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10266

1. PLACE OF DEATH:
 (a) County.....
 (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..... 8 Days
(Specify whether
 In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County.....
 (c) City or town..... St. Louis
(If outside city or town limits, write "RURAL.")
 (d) Street No. 3947 Lafayette
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME David Ferrer
 3. (b) If veteran, name war..... no
 3. (c) Social Security No. 493-09-1755

20. DATE OF DEATH: Month December day 7,
 year 1942 hour 11:30 minute..... P. M.

4. Sex male
 5. Color or race white
 6. (a) Single, widowed, married, divorced..... married
 6. (b) Name of husband or wife..... Marie Ferrer
 6. (c) Age of husband or wife if alive..... 50 years
 7. Birth date of deceased..... 11 26 1894
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from November 30, 1942,
 that I last saw him alive on December 7, 1942
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
48 0 11 hr. min.

Immediate cause of death.....
Carcinoma of liver
 Due to Cirrhosis of the liver
wide spread metastases
 Other conditions.....
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations.....
 Of autopsy..... as above

9. Birthplace Puerto Rico
(City, town, or county) (State or foreign country)
 10. Usual occupation Electrician
 11. Industry or business Triple E Products Co

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.....

MOTHER FATHER
 12. Name Jose Ferrer
 13. Birthplace..... Puerto Rico
(City, town, or county) (State or foreign country)
 14. Maiden name Maria Santiago
 15. Birthplace..... Puerto Rico
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Marie Ferrer
 (b) Address 3947 Lafayette
 17. (a) Burial (b) Date thereof Dec. 10-42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Memorial Park Cemetery

23. Signature J. J. Budeck
 Address 1515 Lafayette Avenue
 Date signed 12/8/42

18. (a) Signature of funeral director L. Krow R. G. Co.
 (b) Address 2707 N. Grand Blvd
 19. (a) DEC 9 1942
(Date received local registrar) (Registrar's signature)

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

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 S. Swollenberg

Licensed Embalmer No.....

2631

P. O. Address.....

2707 N. Ward

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.