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-43  
-39  
336671

FILED FEB 1 1944

Registration District No. 318

Primary Registration District No. 1003

**1. PLACE OF DEATH:**

(a) County St. Louis

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

(c) Name of hospital or institution: City Hospital  
(If not in hospital or institution, write street number or location)

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

In this community \_\_\_\_\_  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (or) County 17

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

(d) Street No. 5446 O Dell Ave  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** FRANK FERLISI

3. (b) If veteran, name war no

3. (c) Social Security No. ~~██████~~

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Rose Cordaro

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased June 7 1884  
(Month) (Day) (Year)

**8. AGE:** Years 59 Months 7 Days 12  
If less than one day hr. min.

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

10. Usual occupation shoe worker

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

**MOTHER FATHER** { 12. Name John Ferlisi

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

14. Maiden name Felmina Ferlisci

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

16. (a) Informant Mrs Frank Ferlisi

(b) Address 5446 O Dell Ave

17. (a) burial (b) Date thereof Jan 24  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old St. Peter's Church

18. (a) Signature of funeral director Saul @ Calceburn

(b) Address 5142 Daggett Ave

19. (a) JAN 21 1944 (Date received local registrar)

J. F. Brudeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan day 19  
year 1944 hour 3 minute 30 A

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Perforated duodenum, ulcer facite peritonite Duration

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

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

Other conditions (Include pregnancy within 3 months of death) 1/17

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 Thomas F. Callan (M. D. or other) 3

Address Deputy Coroner Date signed 2-4-44

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

*10/10/10  
Miss C. R. ...*

*Miss ...  
Miss ...*

*MISS ...*

*Miss ...  
Miss ...  
Miss ...*

**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

working under my personal supervision.

Registered Apprentice No.

*[Signature]*  
Signed *Miss C. Calcutt*

Licensed Embalmer No. *2376*

P. O. Address *5142 Daggett*

**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.