

S. No. 2
A-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29300

FILED SEP 20 1944

State File No. _____
Registrar's No. 7922

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: 2818 N. Euclid Ave.
(d) Length of stay: In hospital or institution 1
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County _____
(c) City or town St. Louis
(d) Street No. 2818 N. Euclid Ave.
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Eleanor Ferrier
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 14
year 1944 hour 2 minutes P. M.
21. I hereby certify that I attended the deceased from Sept. 10, 1944, to Sept. 14, 1944
that I last saw _____ alive on Sept. 14, 1944 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife William Ferrier
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 22, 1876
(Month) (Day) (Year)

Immediate cause of death: Gastric Carcinoma
Due to: Hambroge
Other conditions: none
Major findings: no operation
Of autopsy: none
Duration: 4 yr.

8. AGE: Years 68 Months 2 Days 22 If less than one day hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Ewerhardt Schroer

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

14. Maiden name Rudophina Dirlam

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

16. (a) Informant Mrs. Ruth Fischer

(b) Address 2818 N. Euclid Ave.

17. (a) Burial (b) Date thereof 9-18-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) SEP 15 1944 (b) J. P. Bremer
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury _____
23. Signature G. W. Ruddell (M. D. or other)
Address 1754 Holmingshire Ave. Date signed 9-15-44

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

MOTHER FATHER

844

(Licensed Embalmer's Statement on Reverse Side)

9-12
Dr. G. W. Ruddell
1259 N. Kingshighway

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 Warren A. Carver

Licensed Embalmer No. 3534

P. O. Address.....

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.