

FILED JAN 21 1946  
318

Registration District No. Primary Registration District No. Registrar's No.

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 - Max C. Starkloff Memorial  
(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

3. (a) PRINT FULL NAME RAYMOND FERRIS

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 STELLA FERRIS

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased ABOUT 1895  
(Month) (Day) (Year)

8. AGE: Years about 50 Months  Days  If less than one day hr. min.

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

10. Usual occupation SALESMAN

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

MOTHER FATHER { 12. Name RAYMOND FERRIS

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

{ 14. Maiden name UNK.

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

16. (a) Informant George Khoury

(b) Address 3415 Park Av.

17. (a) BURIAL (Burial, cremation, or other) (b) Date thereof JAN 5 - 46  
(Month) (Day) (Year)

(c) Place: burial or cremation NEW SS. PETER & PAUL

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

(b) Address 3125 Lafayette Av.

19. (a) JAN 4 1946 (Date recorded by local registrar) J. J. Bredeck (Registrar's signature)

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. 3415 Park Av.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 2nd  
year 1946 hour 3:10 minute A. M.

21. I hereby certify that I attended the deceased from 12/28/45  
19\_\_\_\_ to 1/2/46 19\_\_\_\_

that I last saw h\_\_\_\_\_ alive on 1/2/46 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

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

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

Other conditions (Include pregnancy within 3 months of death) 108

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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 Herbert C. Fritz (M. D. or other) \_\_\_\_\_  
Address 1515 Lafayette Date signed 1/2/46

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

2493

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**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.....

*Joe B. Vollmer*

Licensed Embalmer No. *21074*

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.**