

FILED JAN 28 1947

State File No. _____

Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. **219**

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

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: **Firmin Desloge**
(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 **George S. Ferris**

3. (b) If veteran, name war _____ 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 **Ida** 6. (c) Age of husband or wife if alive **62** years
7. Birth date of deceased **February 16 1875**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 10 21 hr. _____ min.

9. Birthplace **Springfield Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Labor**

11. Industry or business _____

MOTHER FATHER

12. Name **Dewitt C. Ferris**
13. Birthplace **Sandra Hill New York**
(City, town, or county) (State or foreign country)
14. Maiden name **Louisa Jane Ferris**
15. Birthplace **Springfield Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ida Ferris**
(b) Address **3138 Easton Av.**

17. (a) **Burial** (b) Date thereof **1/10/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Park Lawn Cemetery**

18. (a) Signature of funeral director **Wm E. Myrdal**
(b) Address **1926, Allen Av.**

19. (a) **JAN 8 1947** (b) **J. F. Prudek**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Madison**
(c) City or town **St Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **3138 Easton Av**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **7**
year **1947** hour **5.59** minute **P** M.

21. I hereby certify that I attended the deceased from **12/12/46**
_____, 19____, to **1/7/47** 19____;

that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage** Duration _____

Due to **Hypertensive Cardiovascular disease** _____

Due to _____

Other conditions (include pregnancy within 3 months of death) **93**

Major findings: Of operations _____

Of autopsy _____

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 **Robert H. Hye** (M. D. or other) _____
Address **4154 W. The Wood** Date signed **1/8/47**

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed Bernard Duncan
Licensed Embalmer No. 2272
P. O. Address 1926 Allen

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.