

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD, CERTIFICATE OF DEATH

State File No. **6258**
 Registrar's No. **2125**

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: 50 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mr. Jacob Ferkel
 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 Amanda Hochgrafe
 6. (c) Age of husband or wife if alive 65 years
 7. Birth date of deceased January 11, 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	77	1	20	hr. min.

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

10. Usual occupation At Home

11. Industry or business -----

12. Name Johan Ferkel

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

14. Maiden name Unknown

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

16. (a) Informant Elmer Sattlemeyer

(b) Address 1124 Cass Avenue

17. (a) Burial (b) Date thereof Mar. 3, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director Beiderwieden F.H., Inc.

(b) Address 1938 1/2 Louis Avenue

19. (a) MAR 3 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County bas
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 1312 Madison
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country -----

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1
 year 1947 hour 12: minute 40 P.M.

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

Immediate cause of death -----
John O. ...
 Due to 108
 Due to -----
 Other conditions -----
(Include pregnancy within 3 months of death)

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 Alfred J. Perry (M. D. or other) 3
 Address Deputy Coroner Date signed 3-1-47

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

FILED
 MAR 11 1947
 X36571

MOTHER FATHER

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..... *Glen W. Hall*

Licensed Embalmer No. *3737*

P. O. Address..... *1926 N. 1st St.*

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.