S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2497

FILED FEB 9 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 904

1. PLACE OF DEATH:

(a) County

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

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

(d) Length of stay: In hospital or institution 4 Days (Specify whether

In this community 40 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 4228 Athlone Avenue
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Everett A. Ferree

3. (b) If veteran, name war None

3. (c) Social Security No. 489-09-7258

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Maxine Winkler

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased October (Month) 1 (Day) 1907 (Year)

8. AGE:

Years	Months	Days	If less than one day
40	3	27	br. min.

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

10. Usual occupation Machinist

11. Industry or business Cellotex Co. Madison Ill.

FATHER
12. Name Amos Ferree
13. Birthplace (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Mary Foster
15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Maxine W Ferree Wife

(b) Address 4228 Athlone Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/31/48 (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director Beiderwieden Funeral Home

(b) Address 1936 St. Louis Ave.

19. (a) Jan 29 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 28 year 1948 hour 4:30 minute A M.

21. I hereby certify that I attended the deceased from Jan. 23, 1947, to Jan. 28, 1948; that I last saw him alive on Jan. 27, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	2 wks
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy Coronary Occlusion

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature B. Y. Glassberg (M. D. or other) M.D.

Address 634 N. Grand Blvd Date signed 1/29/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Mo. Theatre Bldg.

JE 5588
1-30 Pm
Thursday -

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. Hatz

Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis Ave

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.