

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3329

State File No.

00058

4009

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3070 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Webster Groves</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Webster Groves</u> <u>4007</u>	
c. LENGTH OF STAY (in this place) <u>30 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>23 South Elm Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>23 South Elm Ave.</u>		d. STREET ADDRESS (If rural, give location) <u>23 South Elm Ave.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Appelton</u> c. (Last) <u>Ferree</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 5 1950</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Mch. 19 1863</u>
9. AGE (In years last birthday) <u>86</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Free Lance</u>	11. BIRTHPLACE (State or foreign country) <u>Philadelphia Penn.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Advertising Writer</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Samuel P. Ferree</u>		13b. MOTHER'S MAIDEN NAME <u>ANNIE DROWN</u>	
14. NAME OF HUSBAND OR WIFE <u>Elizabeth Ferree</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) -----	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs W.L. Church</u> ADDRESS <u>Webster Groves Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis with its sequent</u> <u>(Myocarditis several years)</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hernia inguinal, partially strangulated at intervals last 2 wks.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <u>several yrs.</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____ <u>4921</u>	
22. I hereby certify that I attended the deceased from <u>7-12-43</u> , 19 <u>43</u> , to <u>1-5</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>1-5</u> , 19 <u>50</u> , and that death occurred at <u>10:10 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Robert R. Reese</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>120 E. Lockwood Webster Groves Mo.</u>	
23c. DATE SIGNED <u>1-6-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Jan. 9, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>	
24d. LOCATION (City, town, or county) <u>KIRKWOOD Mo.</u>		24e. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. <u>1-9-50</u>		REGISTRAR'S SIGNATURE <u>Robert R. Reese</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert R. Reese</u>		ADDRESS <u>Webster Groves Mo.</u>	

(Licensed Embalmers' Statement on Reverse Side)

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Leslie Welch* _____

Licensed Embalmer No. *4395* _____

P. O. Address *Habster Groves* _____

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.