

FILED DEC 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 88470
10107
Registrar's No.

BIRTH NO.		REG. DIST., NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No.	
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2119	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		d. STREET ADDRESS (If rural, give location) 4531 Garfield Avenue			
3. NAME OF DECEASED (Type or Print)		a. (First) Charles	b. (Middle) Ferris	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Nov. 27 1950
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widower		8. DATE OF BIRTH 2/13/1868	9. AGE (In years last birthday) 82 If under 1 year: Months 9 Days 14 If under 12 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stationary Fireman		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Chattanooga, Tennessee	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Robert Ferris		13b. MOTHER'S MAIDEN NAME Anna Barrow		14. NAME OF HUSBAND OR WIFE Addie Ferris	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Fannie Matthews, 4263a Kennerly	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Pancreas with Metastasis to Liver to Liver DUE TO (b) Undetermined DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 157A	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> (NOT WHILE AT WORK) <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-22 , 19 50 , to 11-27 , 19 50 , that I last saw the deceased alive on 11-27 , 19 50 , and that death occurred at 1:15p m. , from the causes and on the date stated above.					
23a. SIGNATURE Laranzo W Harris, D.		23b. ADDRESS 2601 N Whittier St.		23c. DATE SIGNED 11-28-50	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 11/30/50		24c. NAME OF CEMETERY OR CREMATORY Oak Dale Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS GATES FUNERAL HOME Charles J. Gates, 4107 Finney Ave.			
DATE REC'D BY LOCAL REG. NOV 28 1950		REGISTRAR'S SIGNATURE J B Casater			

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

Location

RE 78 .70

Full

State of Missouri

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.....

working under my personal supervision.

Student Embalmer No.....

Signed *John Cunningham*
S-1

Licensed Embalmer No. *4476*

P. O. Address *4107 Jimmy*

Signed.....
Student Embalmer

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.