

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1197

FILED FEB 16 1951

318

1003

No. 300
10-48

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

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. LENGTH OF STAY (in this place) 3 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		2147	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 5001a S Kingshighway				d. STREET ADDRESS (If rural, give section) 5001a S Kingshighway			
3. NAME OF DECEASED (Type or Print) a. (First) William			b. (Middle) E		c. (Last) Ferleman		4. DATE OF DEATH (Month) (Day) (Year) Feb. 4, 1951
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Mar. 9, 1881		9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retail Food Stores		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Evansville, Ind. /		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Herman Ferleman			13b. MOTHER'S MAIDEN NAME not known		14. NAME OF HUSBAND OR WIFE Mary A Ferleman		
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 Mary A Ferleman 5001a S Kingshighway				
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* CARCINOMA OF PROSTATE WITH METASTASES ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 3 yrs 8 mo.
19a. DATE OF OPERATION Dec. 29 1947		19b. MAJOR FINDINGS OF OPERATION Carcinoma of prostate				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)			
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? 177K			
22. I hereby certify that I attended the deceased from June 8, 1949, to Feb 4, 1951, that I last saw the deceased alive on Feb 4, 1951, and that death occurred at 10:30 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) John P Mackey, Jr MD				23b. ADDRESS 994 Arcade Bldg		23c. DATE SIGNED Feb 6, 1951	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 22/7/51	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory		24d. LOCATION (City, town, or county) (State) St Louis County, Mo.		
DATE REC'D BY LOCAL REG. FEB 6 1951		REGISTRAR'S SIGNATURE J. B. Lanter J			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ziegenhein & Sons 7027 Gravois		

Frank

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 *Frank J. Swine*

Licensed Embalmer No. *2245*

P. O. Address *St Louis Mo*

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.