

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAY 23 1951

State File No. 3832  
Registrar's No. 1003

318

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			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				b. COUNTY St. Louis County			
c. LENGTH OF STAY (in this place)				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton			
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital				d. STREET ADDRESS (If rural, give location) #41 Hillvale - 212 North			
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)	
SAMUEL		FERER		FERER		4. DATE OF DEATH (Month) (Day) (Year) Apr. 23, 1951	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, OR FORCED (Specify)		8. DATE OF BIRTH	
Male		White		Widowed		Unknown	
9. AGE (In years last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
61		Executive - Aaron Ferer & Sons		Ferer & Sons		Russia	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE	
USA		Aaron Ferer		Unknown		Ida Ferer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY (If yes, give war or dates of service)		17. INFORMANT'S SIGNATURE OR NAME ADDRESS			
		489-07-5459		Mrs. J. Stern-41 Hillvale			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			
*This does not mean the mode of dying, such as heart failure, arthemia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion			
				ANTECEDENT CAUSES			
				MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
19a.				19b.			
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)		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a.		21b.		21c.		20.	
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? 4201			
21d.		21e.		21f.			
22. I hereby certify that I attended the deceased from 1931, to April 23, 1951, that I last saw the deceased alive on April 22, 1951, and that death occurred at 10:22 P.M., from the causes and on the date stated above.							
23a. SIGNATURE		23b. ADDRESS		23c. DATE SIGNED			
H. J. Levasseur		634 No Grand		4/23/51			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
Burial		4/24/51		B'Nai Amoona Cemetery		St. Louis County, Mo.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS			
APR 24 1951		J. B. Laster		Herman Rudolf Kofone 5216 Debu			

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

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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.....

*John Ketter*  
Licensed Embalmer No. 3880  
P. O. Address.....

**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.