

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22882

State File No. \_\_\_\_\_

BIRTH **FILED JUL 23 1951** REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 5546 Registrar's No. 68

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

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Franklin Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> <u>2204</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>2824 St. Louis Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>LaVerne</u>	b. (Middle) <u>Marie</u>	c. (Last) <u>Ferrante</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 17, 1951</u>
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>9/22/1922</u>	9. AGE (In years) (Month) (Day) (Min.) <u>28</u> <u>8</u> <u>25</u>	IF UNDER 1 YEAR Hours Min.	IF UNDER 12 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>James Faulkenberry</u>	13b. MOTHER'S MAIDEN NAME <u>Katherine Oswald</u>	14. NAME OF HUSBAND OR WIFE <u>Vincent Ferrante Jr.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY # <u>495-18-7531</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Katherine Faulkenberry</u>	ADDRESS <u>St. Louis</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushed Chest</u>		
	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. <u>E 817 1/31</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Fayetteville / Howard Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6-17-51</u> <u>m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Car accident</u>
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22. I hereby certify that I attended the deceased from 6-17, 1951, to 6-17, 1951, that I last saw the deceased alive on 6-17, 1951, and that death occurred at 7 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Walter M. D. D.</u>	(Degree or title)	23b. ADDRESS <u>Fayette Mo</u>	23c. DATE SIGNED <u>July 6, 51</u>
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24a. BURIAL, CREMATION, BENEFIT (Specify) <u>burial</u>	24b. DATE <u>6/20/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>July 6 '51</u>	REGISTRAR'S SIGNATURE <u>Mary K. Shell</u>	436	25. FUNERAL DIRECTOR'S SIGNATURE <u>Meyer-Pfitzinger</u>	ADDRESS <u>Kirkwood, Mo.</u>
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DEC 21 1951

**RECEIVED**

7-21-51

DISTRICT HEALTH OFFICE No: 3

District File Number \_\_\_\_\_

Date Filed 7-21-51

OCT 23 1951

**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.....  
Student Embalmer

Signed *William H. Fitzinger*

Licensed Embalmer No. *4316*

P. O. Address *Kennett, 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.