

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38975**
Registrar's No. **10778**

FILED DEC 15 1951

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

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, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital		/d. STREET ADDRESS (If rural, give location) 5218 Northrup Street.,	
3. NAME OF DECEASED (Type or Print) a. (First) Louis b. (Middle) c. (Last) Ferrario		4. DATE OF DEATH (Month) (Day) (Year) Dec 4, 1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr 9, 1898
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 53 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.
11. BIRTHPLACE (State or foreign country) Italy		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Charles Ferrario		13b. MOTHER'S MAIDEN NAME Josephine Liveretti	
14. NAME OF HUSBAND OR WIFE Gertrude Ferrario		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No	
16. SOCIAL SECURITY NO. Nil		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Gertrude Ferrario-5218 Northrup	
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) Peritonitis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Perforated bowel DUE TO (c) Carcinoma of bowel II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH 5 days. 5 days. Months	
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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 153X	
22. I hereby certify that I attended the deceased from Nov 21, 1951 , to Dec 4, 1951 , that I last saw the deceased alive on Dec 3, 1951 , and that death occurred at 1:30 m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Bernard Hulbert MD		23b. ADDRESS 3720 Washington	
23c. DATE SIGNED Dec 1/51		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 12-6-51		24c. NAME OF CEMETERY OR CREMATORY Resurrection	
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul C. Calcaterra-5140 Daggatt St.,	
DATE REC'D BY LOCAL REG. DEC 4 1951		REGISTRAR'S SIGNATURE Earl Smith	

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

John J. Henneke

Licensed Embalmer No. 4194 0

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.