

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30667

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>2163</u>					
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u>				b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON BARRACKS, MO.</u>			c. LENGTH OF STAY (in this place) <u>2 days</u>		c. CITY OR TOWN <u>ST. LOUIS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>VETERANS ADMINISTRATION HOSP.</u>				e. STREET ADDRESS (If rural, give location) <u>4120 OREGON STREET</u>				<u>2159</u> <u>1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u>			b. (Middle) <u>L.</u>		c. (Last) <u>FERRIER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8-5-53</u>				
5. SEX <u>MALE</u> <input type="checkbox"/>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>5-12-89</u>		9. AGE (In years last birthday) <u>64</u> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 2 WKS: Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of preceding 12 months if retired) <u>DISTRICT MANAGER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>FIRE EXTINGUISHER CO.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS, MISSOURI</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>JOHN FERRIER</u>			13b. MOTHER'S MAIDEN NAME <u>LOUISE VON VUCHOLZ</u>			14. NAME OF HUSBAND OR WIFE <u>ANN FERRIER</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>YES</u> <u>WWI</u>			16. SOCIAL SECURITY NO. <u>340-05-0960</u>		17. INFORMANT'S SIGNATURE OR NAME <u>VA HOSPITAL RECORDS, JEFF. BKS, MO.</u>				ADDRESS		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA OF ESOPHAGUS</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>CIRRHOSIS OF LIVER</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3 Mos.</u> <u>10 years</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>150X</u>						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)							
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?							
22. I hereby certify that I ^{VA} attended the deceased from <u>8-3-53</u> , 19 <u>53</u> , to <u>8-5-53</u> , 19 <u>53</u> , and that death occurred at <u>8:36A</u> m., from the causes and on the date stated above.											
23a. SIGNATURE <u>J. T. KAMINSKAS</u>				23b. ADDRESS <u>M.D. VA HOSP. JEFF. BKS, MO.</u>		23c. DATE SIGNED <u>8-5-53</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8/8/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>					
DATE REC'D BY LOCAL REG. <u>8-6-53</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dombrowski M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Schumacher</u>					ADDRESS <u>3013 Meramec</u>	

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed..... *Jack Haupt*

Licensed Embalmer No. *474*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.