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

73484

FILED NOV 6 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37174

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9592

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis Childrens

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): University City 336
d. STREET ADDRESS (If rural, give location): 6353 Washington Blvd.

3. NAME OF DECEASED (Type or Print)
a. (First): Peter
b. (Middle): David
c. (Last): Ferriss

4. DATE OF DEATH (Month) (Day) (Year): Oct 6 1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Sept. 18, 1953
9. AGE (In years last birthday): If under 1 year: Months: Days: 18 If under 24 hrs.: Hours: Min.:
10a. 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): St. Louis Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: David P. Ferris
13b. MOTHER'S MAIDEN NAME: Elizabeth Lashly
14. NAME OF HUSBAND OR WIFE: ✓

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: W E Brown
ADDRESS: 5005 S. Kingshighway St. Louis

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Prematurity - diarrhea
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): hypoglycemia
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:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

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): 764.5
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 9-28, 1953, *to* 10-6, 1953, *that I last saw the deceased alive on* 10-6, 1953, *and that death occurred at* 4:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Don L. Thurston MD
23b. ADDRESS: St. Louis Children's Hospital
23c. DATE SIGNED: 10-7-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-7-1953
24c. NAME OF CEMETERY OR CREMATORY: Bellefontaine Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis, Missouri

DATE REC'D BY LOCAL REG. OCT 7 1953
REGISTRAR'S SIGNATURE: J. Earl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: C.R. Lupton & Sons, 7233 Delmar Blvd.

S.P. (Licensed Embalmer's Statement on Reverse Side)

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

no embalming

Signed Arnold W. Schoene

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w
the above constitutes grounds for revocation of license.)

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