

FILED JUN 30 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20565

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 1327

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 <u>ST. LOUIS</u>	
b. CITY OR TOWN <u>CLAYTON</u>		c. CITY OR TOWN <u>VALLEY PARK</u>	
c. LENGTH OF STAY <u>2 1/2</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 HOSPITAL OR INSTITUTION <u>ST LOUIS COUNTY HOSP.</u>			
e. STREET ADDRESS <u>734 MARSHALL ROAD</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ODDIE</u>	b. (Middle) _____	c. (Last) <u>McFERRIN</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>JUNE 9 1955</u>
-------------------------------------	-------------------------	-------------------	---------------------------	---------------------------------------	--------------------

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>DECEMBER 22 1900</u>	9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
--------------------	-------------------------------	---	--	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, or as if retired) <u>LABORER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>PIPE COMPANY</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>WYNNE ARKANSAS</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	---	--	--

13a. FATHER'S NAME <u>SOUIRE McFERRIN</u>	13b. MOTHER'S MAIDEN NAME <u>UNKN</u>	14. NAME OF HUSBAND OR WIFE <u>MARY McFERRIN</u>
---	---------------------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year of date of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>486-14-8559</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mary McFerre</u>	ADDRESS <u>734 Marshall</u>
---	--	---	-----------------------------

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>unknown natural causes</u>		INTERVAL BETWEEN ONSET AND DEATH <u>unk</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.		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Herbert R. Donke</u> (Degree or title) <u>Local Registrar</u>	23b. ADDRESS <u>651 S. Brentwood, Clayton, Mo.</u>	23c. DATE SIGNED <u>6/20/55</u>
---	--	---------------------------------

24a. TIME OF REMAINT <u>June 10, 1955</u>	24b. DATE _____	24c. NAME OF CEMETERY OR CREMATORY <u>Fulton Dickson Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Sappington Mo</u>
---	-----------------	---	--

DATE REC'D BY LOCAL REG. <u>6/10/55</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donke, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Herbert R. Donke</u>	ADDRESS <u>1308 Oldfield</u>
---	---	--	------------------------------

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.....

Licensed Embalmer No..... 40

P. O. Address.....  
Webster Groves

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.