

FILED NOV 15 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 34733

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. <b>4003</b>		Registrar's No. <b>9184</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>30 yrs</b>		c. CITY OR TOWN <b>St. Louis</b>		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 <b>Lutheran Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>4209 Lindell Blvd.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>JENNIE</b>		b. (Middle) <b>M.</b>		c. (Last) <b>FERRELL</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 20, 1955</b>	
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <b>married</b> (Specify)		8. DATE OF BIRTH <b>Oct. 18, 1893</b>	
9. AGE (In years last birthday) <b>62</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 10 HRS. Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) <b>Salzburg, Germany</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Isadore Frankel</b>	
13b. MOTHER'S MAIDEN NAME <b>unknown</b>		14. NAME OF HUSBAND OR WIFE <b>John E. Ferrell</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>John E. Ferrell, 4209 Lindell Blvd.</b>		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.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Toxic myocarditis.</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Passive congestion lungs</b> DUE TO (c) <b>Virus hepatitis</b>  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  <b>583 x</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b> <b>2 weeks</b> <b>2 mos.</b>	
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) _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 <b>9-17, 1955</b> to <b>10/20, 1955</b> , that I last saw the deceased alive on <b>10/20, 1955</b> , and that death occurred at <b>1:30 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Eugene A. Vogel M.D.</b>		(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>3325 S Grand</b>		23c. DATE SIGNED <b>10/21/55</b>	
24a. BURIAL, CREMATION, REMOVAL, (Specify) <b>removal</b>		24b. DATE <b>Oct. 24, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Elmwood Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Equality, Illinois</b>	
DATE REC'D BY LOCAL REG. <b>OCT 21 1955</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Beiderwieden F. H. Inc., 1936 St. Louis Ave.</b>			

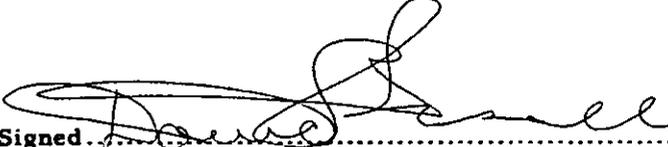
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Eugene A. Vogel  
3325 So. Grand  
Hrs.  
Pr 6-0549

**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. \_\_\_\_\_  
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.