

FILED JAN 6 1956

STANDARD CERTIFICATE OF DEATH

State File No. _____

318

1003

Registrar's No. 10905

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 10905	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE _____ COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) _____		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) _____		d. STREET ADDRESS (If rural, give location) _____	
b. CITY OR TOWN St Louis		c. LENGTH OF STAY 1 WK		c. CITY OR TOWN Overland		d. STREET ADDRESS 2205 Wengler	
d. FULL NAME OF HOSPITAL OR INSTITUTION Incarnate Word				4. DATE OF DEATH (Month) (Day) (Year) Dec 12 1955			
3. NAME OF DECEASED (Type or Print)		a. (First) Stephan		b. (Middle) Feranec		c. (Last) _____	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Sept 7 1885	
9. AGE (In years last birthday) 70		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired butcher		10b. KIND OF BUSINESS OR INDUSTRY Packing House		11. BIRTHPLACE (City and State or Foreign Country) Austria	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Feranec		13b. MOTHER'S MAIDEN NAME Do not know		14. NAME OF HUSBAND OR WIFE Margaret	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 327-03-1333		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joseph Feranec 2351 Wengler			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Purpura of Spleen</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocarditis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Renal Failure</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1954</u> <u>from</u> <u>1955</u> <u>4 days</u>	
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) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				21g. _____	
22. I hereby certify that I attended the deceased from <u>11-17-</u> , 19 <u>55</u> , to <u>12-11-</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>12-11-</u> , 19 <u>55</u> , and that death occurred at <u>12:30</u> <u>AM</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>Herma J. Kaden</u> (Degree or title) _____				23b. ADDRESS <u>9621 Parkland Rd.</u>		23c. DATE SIGNED <u>12-12-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE <u>12/14/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis Mo</u>	
DATE REC'D BY LOCAL REG. <u>DEC 13 1955</u>		REGISTRAR'S SIGNATURE <u>Carl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ortmann F Home</u>		ADDRESS <u>9222 Lackland Overland Mo</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

Student Embalmer

Signed Al C. Ortman

Licensed Embalmer No. 3478

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.