

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016711

STATE FILE NUMBER

FILED APR 21 1958

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1043

health, Welfare Public Service 00 2 3 300 1-56
 All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed. No autopsy performed unless specifically stated. Coroner must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

1. PLACE OF DEATH a. COUNTY ST LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY ST LOUIS			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CLAYTON MO Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				c. CITY OR TOWN KIRKWOOD MO Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION COUNTY HOSPITAL P.O.A. Length of stay in 1b				d. STREET ADDRESS 210 MEMPHIS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) WILLIE B FERKINS First Middle Last			4. DATE OF DEATH APRIL 5 1958 Month Day Year				
5. SEX FEMALE		6. COLOR OR RACE NEGRO		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>			
8. DATE OF BIRTH MARCH 8 1904		9. AGE (In years last birthday) 54		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC		11. BIRTHPLACE (City and state or country) TENNESSEE			
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME PETER HINES				
14. MOTHER'S MAIDEN NAME UNKNOWN			15. WAS RECEIVED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give date of service) NO				
16. SOCIAL SECURITY NO. NONE		17. INFORMANT Walter Perkins Address 210 Memphis					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) unknown natural causes DUE TO (b) _____ DUE TO (c) 7954 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
MEDICAL CERTIFICATION							
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month _____ Day _____ Year _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Herbert R. Donke, MD. Local Registrar				22b. ADDRESS 651 S. Brentwood, Clayton, Mo.			
22c. DATE SIGNED							
23a. RITUAL CREMATION (Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Specify)		23b. DATE April 1, 58		23c. NAME OF CEMETERY OR CREMATORY Father Jackson			
23d. LOCATION (City, town, or county) Creations MO		(State)					
24. FUNERAL DIRECTOR J. S. Yandell & Sons ADDRESS 1776 Tilden		25. DATE RECD. BY LOCAL REG. 4-15-58		26. REGISTRAR'S SIGNATURE Herbert R. Donke, MD.			

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 *Richard J. Yandel*
.....

Licensed Embalmer No. *4*

P. O. Address *130 Elm
Whiter 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.