

FILED SEP 15 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8017

S. 300
r. 1-57

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. GRAND ST. LOUIS, MO		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN MEHLVILLE 4000		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 35 HOSPITAL VET. ADM. HOSPITAL 0		Length of stay in lb 5 Days	d. STREET ADDRESS (If outside, give location) 27 ROUTE 8 KERTH ROAD		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last CHARLES FERBET			4. DATE OF DEATH Month Day Year AUGUST 17, 1958		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11/2/88		9. AGE (In years last birthday) 69
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNKNOWN		10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	11. BIRTHPLACE (City and state or country) MATTESE, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME GEORGE FERBET		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE LENA FERBET	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yes give year or dates of service) YES WW-1		16. SOCIAL SECURITY NO. _____		17. INFORMANT Address VAH RECORDS 915 N. GRAND AVE. ST. LOUIS, MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HEPATIC COMA DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ESOPHAGEAL VARICES					INTERVAL BETWEEN ONSET AND DEATH 8 Days
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.) 2			
20c. TIME OF INJURY Hour Month, Day, Year p.m.					
20d. INJURY OCCURRED WHILE AT <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 8/12/58 to 8/17/58 and last saw him alive on 8/17/58 Death occurred at 11:00 AM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE T.H. JOHNSON M.D. J.H. Johnson M.D.		22b. ADDRESS VAH ST. LOUIS, MISSOURI		22c. DATE SIGNED 8/17/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Aug 20 1958		23c. NAME OF CEMETERY OR CREMATORY Old St Johns Cem.	
		23d. LOCATION (City, town, or county) Mehlville Mo.			
24. FUNERAL DIRECTOR Fey Funeral Home, Mehlville Mo.		25. DATE RECD. BY LOCAL REG. AUG 18 58		26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

Flavio M. Bello

Licensed Embalmer No. *4375*
P. O. Address *St. Louis, Mo.*

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.