JRI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS FEB 23 1960

-60-008564

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 1304

ENDED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b 20 years

c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital — Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) Northwestern Hotel 4919 Natural Bridge — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First FRANK Middle W. Last McFERRON also known as Frank McFennon

4. DATE OF DEATH Month February Day 2, Year 1960

5. SEX Male

6. COLOR OR RACE White

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 2-15-1881

9. AGE (last birthday) 78

IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Reitred Electrician

10b. KIND OF BUSINESS OR INDUSTRY Electrical

11. BIRTHPLACE (City and state or country) Pittsburgh, Pa.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME James McFerron

13b. MOTHER'S MAIDEN NAME Mary Ryan

14. NAME OF HUSBAND OR WIFE Never married

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO.

17. INFORMANT Address Miss Lee Welsch, 4919 Natural Bridge

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Fractured pelvis with a large hemorrhage

DUE TO (b) Retro peritoneal

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (c) Fractured ribs on both sides with much displacement

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Suffered when run off by Public Service Bus operated by one, Charles

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18)

20c. TIME OF INJURY Hour 404 p.m. Month, Day, Year 2 2 60 Dill, about 404 pm. on February 2nd 1960 at 7th & Washington

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) vs Street

20f. CITY, TOWN, OR LOCATION St Louis COUNTY Mo STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____

Death occurred at 1035 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Patrick J. Taylor Coroner

22b. ADDRESS 1300 Clark

22c. DATE SIGNED 2.4.60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 2-5-60

23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

23d. LOCATION (City, town, or county) (State) St. Louis, Missouri

24. FUNERAL DIRECTOR ADDRESS Stock Mortuary, 2117 E. Grand Blvd.

25. DATE RECD. BY LOCAL REG. FEB 4 1960

26. REGISTRAR'S SIGNATURE Carl Smith, M.D.

MVC

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Paul A. Wachter

Signature of Student Embalmer

Licensed Embalmer No. 4787

P. O. Address [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.