

# JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-013498

FILED VS. MAR 30 1960

317

Primary Registration District No. 548

Registrar's No. 865

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <i>St Louis</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>St Louis</i>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>WEBSTER GROVES</i>		Length of stay in 1b ?		c. CITY OR TOWN <i>WEBSTER GROVES 19</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>YARD AT 619 BACON ST</i>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>646 BISMARCK</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>ELBERT ROY FERREE</i>				4. DATE OF DEATH Month Day Year <i>3 10 1960</i>				
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>2-3-1889</i>	9. AGE (last birthday) <i>71</i>		10. UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>GENERAL AGENT</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>N.Y.C. RR</i>		11. BIRTHPLACE (City and state or country) <i>BLUE GREEK OHIO</i>		12. CITIZEN OF WHAT COUNTRY <i>U. S. A.</i>		
13a. FATHER'S NAME <i>THOMAS FERREE</i>			13b. MOTHER'S MAIDEN NAME <i>DEBRA FORE</i>		14. NAME OF HUSBAND OR WIFE <i>NELLIE FANEY FERREE</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>RR RETIREMENT 713-01-1300</i>		17. INFORMANT Address <i>Nellie Ferree 646 Bismark Webster Groves Mo</i>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Thrombosis.</i> DUE TO (b) <i>Arteriosclerotic vascular disease etc</i> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH <i>10 m</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 <i>June 1959</i> to <i>Mar. 10 1960</i> and last saw <i>him</i> alive on <i>Mar. 8 1960</i> Death occurred at <i>230 P</i> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <i>D.D. Seabaugh M.D.</i>				22b. ADDRESS <i>Webster Groves Mo</i>		22c. DATE SIGNED <i>3/11/60</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	23b. DATE <i>3-14-1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>RESURRECTION Cem</i>		23d. LOCATION (City, town, or county) <i>AFTON 73 Mo</i>				
24. FUNERAL DIRECTOR ADDRESS <i>Mittelberg WEBSTER GROVES Mo</i>			25. DATE RECD. BY LOCAL REG. <i>3-12-60</i>		26. REGISTRAR'S SIGNATURE <i>John B. Murphy M.D.</i>			

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 \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Lawrence M. Bl...*

Licensed Embalmer No. 4375

P. O. Address San Antonio, TX

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.