

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

8491

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1005
 City St. Louis (No. 3149 Brantner Pl)
Wynne Ferguson

File No.
 Registered No. 2157
 St. Ward

2. FULL NAME

(a) Residence. No. 3149 Brantner Pl St. 21 Ward.
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 10 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
78 7 1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Laborer
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

10. NAME OF FATHER Not known

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) " " "

12. MAIDEN NAME OF MOTHER Amanda Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ala

14. INFORMANT (Address) Mary Jones 3149 Brantner Pl

15. FILED FEB 16 1929 May C Stark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-11-29

17. I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19..... that I last saw h..... alive on....., 19..... and that death occurred, on the date stated above, at..... 11:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

chronic Myocarditis
936
163 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Senility (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED N.M.A.
 NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? NO DATE OF.....
 WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? Dr. Hurler (Signed) M.D.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
St Peters Cemetery 2-18-29

20. UNDERTAKER ADDRESS W.S. Wade 4202 Pinney

N. B.—Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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