

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH 791

REC'D APR 1 1938

8855
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **1008**
 (b) Township Primary Registration District No.
 (c) City **of St. Louis** (d) Street No. **Deaconess Hosp** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. **2444**

2. PRINT FULL NAME

Sadie Ferguson 622
 (a) Residence, No. **7224 Murdock Avenue** St. **NR WEBSTER GROVES, MO.**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Wife of Frank**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 17, 1864**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 4 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Pennsylvania**

FATHER 13. NAME **Unknown**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

MOTHER 15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT (ADDRESS) **Frank Ferguson 7224 Murdock Avenue**

18. PLACE OF BURIAL OR CREMATION OR REMOVAL TO PLACE **Tulsa, Okla.** DATE **Mar. 14, 1938**

19. FUNERAL DIRECTOR (ADDRESS) **A. N. McLaughlin 2301 Lafayette Avenue**

20. FILED **WAR 12 1938** **J. R. ...**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **3/11/38** 19

22. I HEREBY CERTIFY, That I attended deceased from **3-11-**, 19**38**, to **3-11-38**, 19

I last saw him alive on **3-11**, 19**38** death is said to have occurred on the date stated above, at **2:30 P.M.**

The principal cause of death and related causes of importance were as follows:

left coronary occlusion Date of onset **3-11-38**

Other contributory causes of importance: **arteriosclerosis**

Name of operation **none** Date of ...
 What test confirmed diagnosis? **Clinical** Was there an autopsy? **YES**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify: **Arthur W. Westrup**, M. D.

(Address) **Webster Groves, Mo**

N. B.—Every item of information should be carefully supplied. AGE 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.

STATEMENT BY LICENSED EMBALMER

I, L.R. Cooper, Licensed Embalmer No. 3633

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed L.R. Cooper
Licensed Embalmer No. 3633

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.)