

**FILED** SEP 25 1940  
Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

**1. PLACE OF DEATH:**

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1901a Rear Dodier St. 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME William M. Ferguson 622

3. (b) If veteran, name war NO. 3. (c) Social Security No. None.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Luella Ferguson 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased March 2 1876  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>5</u>	<u>2</u>	hr. _____ min.

9. Birthplace Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name G. W. Ferguson

13. Birthplace Missouri 0  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Luella Ferguson

(b) Address 1901a Rear Dodier St.

17. (a) Burial (b) Date thereof 8-7-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla cem.

18. (a) Signature of funeral director H. J. Leidner and Co

(b) Address 2223 St. Louis Ave

19. (a) AUG 6 1940 (b) J. J. Bredeck  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

0  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 2L  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1901a Rear Dodier St.  
(If rural, give location)  
(e) Physician years

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Aug day 7  
year 1940 hour 10 minute 45 P M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer of Stomach metastasizing into lung

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: Hypertension  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature W. J. ... (M. D. or other) \_\_\_\_\_

Address ... Date signed 8/6/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Homer L. Pender

Licensed Embalmer No. 3067

P. O. Address 2223 St. Louis A

**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 this body is not embalmed, above space should be left blank.**