

DEPARTMENT OF COLLEGE AND UNIVERSITY EDUCATION
BUREAU OF THE STANDARD CERTIFICATE OF DEATH

36309

State File No. _____

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 1941

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
98 Aberdeen Place
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20
(Specify whether years, months or days)
In this community Lifetime

3. (a) PRINT FULL NAME Mary F. Ferguson Fowler

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

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

6. (b) Name of husband or wife Albert Covington Fowler 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb. 12 1860
(Month) (Day) (Year)

8. AGE: Years 80 Months 8 Days 1 If less than one day hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business 1

12. Name David Kennedy Ferguson

13. Birthplace Pittsburgh Pa.
(City, town, or county) (State or foreign country)

14. Maiden name Caroline Sherer

15. Birthplace Harrisburgh Pa.
(City, town, or county) (State or foreign country)

16. (a) Informant Caroline H. Fowler

(b) Address 98 Aberdeen Place

17. (a) Burial (b) Date thereof 10-15-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Mausoleum

18. (a) Signature of funeral director Wagoner Und. Co.

(b) Address 3623 Olive St.

19. (a) OCT 14 1940 (b) R. Meyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Clayton
(If outside city or town limits, write "RURAL")

(d) Street No. 98 Aberdeen Place
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 13
year 1940 hour 10 minute a M.

21. I hereby certify that I attended the deceased from June 9
_____, 1937 to Oct 13, 1940

that I last saw him alive on October 13, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 1937

Due to Vascular hypertension ?

Due to Stroke

Other conditions Stroke
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Samuel D. Grant (M. D. or other) M.D.

Address 114 N. Taylor Date signed 10/14/40

JUN 12 1958

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

Robert T. Langster

, Registered Apprentice No. *259*.

working under my personal supervision.

Signed

Neville B. Prokutter

Licensed Embalmer No. *3696*

P. O. Address *3621 Olive St.*

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.