

4167

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. _____

1231

Registration District No. _____

818

Primary Registration District No. _____

1003

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:
St. Johns Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 16 Days
 (Specify whether
 In this community 16 Days
 years, months or days)

3. (a) PRINT FULL NAME ALPHA FERGUSON3. (b) If veteran, name war no 3. (c) Social Security No. NO4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, married6. (b) Name of husband or wife Alfred 6. (c) Age of husband or wife if alive 40 years7. Birth date of deceased August 28 1901
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
41 5 7 _____ hr. _____ min.9. Birthplace Corridon Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Housewife11. Industry or business at home12. Name James Sullivan13. Birthplace Kentucky
(City, town, or county) (State or foreign country)14. Maiden name Nancy Anderson15. Birthplace Missouri
(City, town, or county) (State or foreign country)16. (a) Informant Alfred Ferguson(b) Address Ellington Missouri17. (a) Burial (b) Date thereof Feb. 7 43
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Ellington Missouri18. (a) Signature of funeral director D.W. McLaughlin
(b) Address 2501 Lafayette Ave19. (a) 2-8-43 (b) J. J. Budick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Reynolds
 (c) City or town Ellington
 (If outside city or town limits, write "RURAL.")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? / (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb 5 day _____
year 1943 hour 9 minute 45 A.M.21. I hereby certify that I attended the deceased from Jan 20 1943, to Feb 5 1943, that I last saw her alive on Feb 5 1943, and that death occurred on the date and hour stated above.Duration
Immediate cause of death Cardiac failure 1 hr
Pulmonary Embolism 1 hr
Due to Intestinal obstruction 3 daysDue to Carcinoma of Colon 6 mos
(descending)Other conditions
(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?
 _____ (Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature J. H. Pranger (M. D. or other) MD
 Address 4857 Maryland Date signed 2/5/43

(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 2
M-15-42
7-5-17-39
1-X32873

1231

1231

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.....

L. R. Cooper

Licensed Embalmer No.....

3633

P. O. Address.....

2317 Lafayette

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, fact should be so stated above.