. S. No. 2
M—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 20 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8270

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 2153

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: Mo Baptist Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4922a Delmar Blvd.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Rebecca Ferguson

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex F | 5. Color or race W | 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Roy J. Ferguson

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased unknonw (Month) 1891 (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
About 51			hr. min.

9. Birthplace Bessarabia (City, town, or county) Russia (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Jacob Krivoy

13. Birthplace Bessarabia (City, town, or county) Russia (State or foreign country)

14. Maiden name unknown

15. Birthplace Bessarabia (City, town, or county) Russia (State or foreign country)

16. (a) Informant Roy J. Ferguson

(b) Address 4922a Delmar Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-8-43 (Month) (Day) (Year)

(c) Place: burial or cremation LAKE CHARLES CEMETERY

18. (a) Signature of funeral director Albert H. Hoppe Inc.

(b) Address 4700 Washington Blvd.

19. (a) MAR 5 1943 (Date received local registrar) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4 year 1943 hour 11 minute a M.

21. I hereby certify that I attended the deceased from 1-10-43 to 3-4-43 that I last saw h. alive on 3/4-43 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uremia	
Due to Polycystic Kidney	
Bilateral	
Due to Hypertension	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 183	
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 F K Gardner (M. D. or other) 3-5-43
Address 4932 Montana Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.....Sg W Wilkinson

Licensed Embalmer No.....35 75

P. O. Address.....

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.