

FILED APR 28 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's 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:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or locality)
(d) Length of stay: In hospital or institution. 3 Months 2 Weeks
(Specify whether
In this community..... 6 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County.....
(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2849 Nebraska
(If rural, give location)
(e) Citizen of foreign country?..... No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Gladys Marie Ferguson

3. (b) If veteran, name war..... No 3. (c) Social Security No. No

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

6. (b) Name of husband or wife Lebern Ferguson 6. (c) Age of husband or wife if alive. 25 years

7. Birth date of deceased 5 19 1912
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
30 10 27 hr. min.

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

10. Usual occupation Machine Operator

11. Industry or business

12. Name Perry Plank

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

14. Maiden name Maggie Fowler

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

16. (a) Informant Hazel Ferguson

(b) Address 1311 Dolman

17. (a) Motor (b) Date thereof. 4/20/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salem Missouri

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2301 Lafayette

19. (a) APR 19 1943 (b) G. F. Bredbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16
year 1943 hour 8 minute 20 P. M.

21. I hereby certify that I attended the deceased from April 3, 1943 to April 16, 1943, that I last saw her alive on April 16, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Peripheral vascular collapse Duration 12 hrs

Due to Fistulae of ileum

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Intestinal fistulae 4/16/43
Chronic pelvic inflammatory disease
Of autopsy None

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) (a) Means of injury.....

23. Signature Voland Skieffer (M. D. or other)

Address 4500 Olive Date signed 4/20/43

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

MOTHER FATHER

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 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, fact should be so stated above.