S. No. ...
M—5-42
...-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

12288

State File No. .....

Registration District No. MAY 14 1943 18

Primary Registration District No. 1003

Registrar's No. 4223

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: at residence, 3206 Lawton Av. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 3-Mo. years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 19

(c) City or town St Louis 921 (If outside city or town limits, write "RURAL")

(d) Street No. 3206 Lawton (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Gwendolyn Humphrey

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Female

5. Color or race Col 3

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife —

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

7. Birth date of deceased 1 (Month) - 27 (Day) - 1943 (Year)

8. AGE: Years ~~8~~ | Months 3 Mo | Days 8 # | If less than one day ..... hr. ..... min.

9. Birthplace St Louis (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Alonzo Ferguson
13. Birthplace St Louis (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Marguerite Humphries
15. Birthplace St Louis (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant .....

(b) Address 3206 Lawton

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 8 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director Beal Undt Co

(b) Address 2726 Lucas Ave

19. (a) MAY 6 1943 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5th year 1943 hour 8:00 minute A. M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Strangulation, her while feeding, in bed at ~~his~~ home, May 5th, 1943, exact time unknown. — Duration

Due to ACCIDENT.

Due to 195

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 19

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) ACCIDENT 000

(b) Date of occurrence May 5, 1943

(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? home (Specify type of place)

While at work? ..... (e) Means of injury 3

23. Signature Alfred J. Perry DDS (M. D. or other)

Address Deputy Coroner Date signed 5/6/43

(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 Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 4219 E. Garfield

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.

V. S. No. 2B
0M—8-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12288

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4223

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

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:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(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

3. (a) PRINT FULL NAME Gwendolyn Humphrey

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race B

6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan (Month) 27 (Day) 1943 (Year)

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

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

14. Maiden name

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

16. (a) Informant Margaret Humphrey

(b) Address 3206 Lawton

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) MAY 23 1943 (Date received local registrar) (b) J. F. Medeck (Registrar's signature)

MAY 26 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5 year 1943 hour minute 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	Duration
Due to	
Due to	
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 (M. D. or other)

Address Date signed

SUPPLEMENTARY

S-12288