

Registration District No. **318** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis Missouri

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

(c) Name of hospital or institution: 3820 Laelette Av. 1
(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: 000
17
9/18

(a) State Missouri (b) County _____

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

(d) Street No. 3820 Laelette Av.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Catherine Ferguson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color of race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased May 30, 1867
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>75</u>	<u>11</u>	<u>15</u>	hr. _____ min. _____

9. Birthplace Sterling Scotland
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER

12. Name James Ferguson

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

14. Maiden name Relex Wallace

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

16. (a) Informant Dr. Francis Ritchie

(b) Address 5233 Waterman Av.

17. (a) Burial (b) Date thereof May 18, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lafayette Cemetery

18. (a) Signature of funeral director Chas. A. Bull

(b) Address 4452 Washington Pl.

19. (a) MAY 17 1949 (b) J. F. Buresch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15
year 1943 hour 16 minute 30 A. M.

21. I hereby certify that I attended the deceased from May _____
_____ 1940 to May _____ 1943
that I last saw her alive on May 13 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration Just prior

Due to Hypertension (arterial) - myocardial degeneration many years

Due to _____

Other conditions severe mitral regurgitation
(Include pregnancy within 3 months of death)

Major findings: 93

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) (c) Means of injury _____

23. Signature Francis R. Ritchie (M. D. or other) M.D.
Address 5233 Waterman Date signed 5/16/49

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.....

John Ketter
.....

Licensed Embalmer No.....

3880

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.