

FILED JUL 17 1943

Registration District No. \_\_\_\_\_

Primary Registration District No. 3064

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Ferguson  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
530 Graf Avenue, Ferguson  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 20 Wks  
years, months or days

3. (a) PRINT FULL NAME John W. Journey

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security 489-03-1607

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

6. (b) Name of husband or wife Mary E. Journey 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased March 12, 1886  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
57 3 28 hr. min.

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

10. Usual occupation Tinner

11. Industry or business Sheet metal works

12. Name Ulysis Journey

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

14. Maiden name Minnie L. Reed

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

16. (a) Informant Mary E. Journey

(b) Address 530 Graf Ave, Ferguson, Mo.

17. (a) Burial (b) Date thereof 7/12/43.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director L. M. White

(b) Address Ferguson, Mo.

19. (a) JUL 13 1943 (b) J. M. L. L. L.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Ferguson  
(If outside city or town limits, write "RURAL")  
(d) Street No. 530 Graf Avenue  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8  
year 1943 hour 11 minute 56A 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 Portal cirrhosis Duration 3 mo.

Due to Tertiary Syphilis

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?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature John P. Beckman, M.D. (M. D. or other) \_\_\_\_\_  
Address St. Louis County Hospital Date signed 7/12/43

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

76  
6  
2

651 S. Brentwood Blvd,

**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. M. White*.....

Licensed Embalmer No. *3973*.....

P. O. Address *Ferguson, Mo*.....

**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.**