

FILED NOV 26 1943

Registration District No. 377

Primary Registration District No. 2002

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

1. PLACE OF DEATH:

(a) County ST. LOUIS

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

(c) Name of hospital or institution:
8427 ELMORE AVE.
(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 MISSOURI (b) County ST. LOUIS ⁹⁶

(c) City or town UNIVERSITY CITY ⁵
(If outside city or town limits, write "RURAL.")

(d) Street No. 8427 ELMORE AVE.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOSEPH LEE FERGUSON

3. (b) If veteran, name war NONE

3. (c) Social Security No. 493-07-1533

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife GRACE T. FERGUSON 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased OCTOBER 22 1878
(Month) (Day) (Year)

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

65	0	26	_____ hr. _____ min.
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9. Birthplace DENT CO. MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation COLLECTOR

11. Industry or business INTERNATIONAL HARVESTER CO

MOTHER FATHER {

12. Name BRUCE FERGUSON

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

14. Maiden name MATILDA HOLLIMAN

15. Birthplace UNKNOWN ⁹
(City, town, or county) (State or foreign country)

16. (a) Informant MRS RUTH SPARKS

(b) Address 8427 ELMORE AVE

17. (a) BURIAL (b) Date thereof NOV 22, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LAKE CHARLES CEMETERY

18. (a) Signature of funeral director Shepard Funeral Home

(b) Address 1167 HAMILTON AVE.

19. (a) NOV 23 1943 (b) E. G. McBarrow, M.D.
(Date received local registrar) (Registrar's signature) ³⁵

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 18, 1943
year 6 hour 30 minute P. M.

21. I hereby certify that I attended the deceased from NOV 14-1943
to NOV 18, 1943
that I last saw him alive on NOV-13, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion ^{11 days.}

Due to Renal arterio sclerosis ^{5 yrs -}

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings:
Of operations _____

Of autopsy 966

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 work) (e) Means of injury _____

23. Signature Chas Rosenberger (M. D. or other) ^{11/19/43}

Address 7745 DUTE ST. Date signed _____

709

4/13
217

NOV 29 1948

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 G. Gorski*
Licensed Embalmer No. *3398*
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.