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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 27 1944

THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 289
Registrar's No. 315

Registration District No. 318 Primary Registration District No. 1003

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:
321 S. 3rd St. /
(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.....
(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 321 S. 3rd St.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Frances E. Ferguson
3. (b) If veteran, name war None 3. (c) Social Security No. Unknown
4. Sex Female 5. Color or 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..... About 1889
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 8
year 1944 hour 7 minute 50 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.

8. AGE: Years Months Days If less than one day
About 55 hr. min.

Immediate cause of death..... Gastric Hemorrhage
Due to..... Cirrhosis of Liver
Due to..... General Anasarca
Other conditions..... (Include pregnancy within 3 months of death)
Major findings: Of operations.....
Of autopsy.....

MOTHER FATHER

9. Birthplace..... Akron Nebraska
(City, town, or county) (State or foreign country)
10. Usual occupation..... Housewife
11. Industry or business.....
12. Name..... Unknown
13. Birthplace..... Unknown Nebraska
(City, town, or county) (State or foreign country)
14. Maiden name..... Unknown
15. Birthplace..... Unknown Unknown
(City, town, or county) (State or foreign country)
16. (a) Informant..... Claude Davis
(b) Address..... 321 S. 3rd St.
17. (a) Burial (b) Date thereof..... 1-12-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation..... Calvary Cemetery
18. (a) Signature of funeral director..... Albert H. Hoppe, Inc.
(b) Address..... 4700 Washington Blvd.
19. (a) JAN 11 1944 (b) J. F. Brueck
(Date received local registrar) (Registrar's signature)

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..... Thomas T. Callahan (M. D. or other)
Address..... Deputy Coroner Date signed..... 1-11-44

USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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. Gonski
.....
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.