

S. No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 18 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5098
Registrar's No. 1217

Registration District No. 318 Primary Registration District No. 106

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town St Louis
(c) Name of hospital or institution: Homer G Phillips Hospital
(d) Length of stay: In hospital or institution 21 days
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St Louis 17
(d) Street No. 4447 Cottage 011
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Annie Ferguson
3. (b) If veteran, name war. 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 3 year 1944 hour 4 minute 28 A.M.
21. I hereby certify that I attended the deceased from January 13, 1944 to February 3, 1944; that I last saw her alive on February 3, 1944; and that death occurred on the date and hour stated above.

4. Sex Female 3 5. Color or race Col 2
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased: alt 1867 (Month) (Day) (Year)

Immediate cause of death: Prob Carcinoma of Stomach Extending into Esophagus
Duration Unknown

8. AGE: Years Months Days If less than one day
alt 77 hr. min.

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

9. Birthplace Huntsville Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Nil

11. Industry or business (unemployed)
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Lillie Moore
(b) Address 4446 Maffitt Ave
17. (a) (Burial, cremation, or removal) (b) Date thereof 3-9-44 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

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

18. (a) Signature of funeral director M. Dowell
(b) Address 1711 N. Taylor Ave
19. (a) FEB 2 (Date received local) (b) J. E. Bredeek (Registrar's signature)

23. Signature J. E. Smith (M. D.)
Address 2601 N Whittier St Date signed 2-4-44

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

W. C. McDowell
P. O. Address
112m

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.....

William C. McDowell, Registered Apprentice No.....
working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

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.