S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 8 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38767

Registration District No. 317 Primary Registration District No. 2002 Registrar's No. 2363

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: 7242 Dorset 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 45 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town University City
(If outside city or town limits, write "RURAL")

(d) Street No. 7242 Dorset Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Samuel W. Ferguson

3. (b) If veteran, name war World War 1.

3. (c) Social Security No. 500-18-9702

4. Sex Male

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 September (Month) 9th (Day) 1894 (Year)

8. AGE: Years	Months	Days	If less than one day
50	2	17	hr. min.

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

10. Usual occupation Mechanical Adjuster

11. Industry or business Small Arms Plant

MOTHER FATHER

12. Name Henry C. Ferguson

13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

14. Maiden name Frances E. Brown

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

16. (a) Informant Mrs. H. C. Ferguson

(b) Address 7242 Dorset Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/30/44 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director C.R.Lupton & Sons

(b) Address 7233 Delmar Blvd

19. (a) DEC 1 1944 (Date received local registrar) (b) E. L. McGavran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11th day 26th year 1944 hour 3 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.

	Duration
Immediate cause of death Bronchopneumonia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature M.D. (M. D. or other)

Address 601 Brentwood Blvd. Date signed 11/28/44

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

(Licensed Embalmer's Statement on Reverse Side)

707

DEC 11 1944

DEC 22 1944

DEC 8 1944

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 Clarence H. Murray

Licensed Embalmer No. 4011.

P. O. Address St. Louis, 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.