

31856

State File No. _____
Registrar's No. **9520**

FILED NOV 10 1945
Registration District No. **318**

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(c) Name of hospital or institution: Barnes Hospital
(If not in hospital or institution, write street number of location)
(d) Length of stay: In hospital or institution 33 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME JAMES ELLIOTT FERGUSON

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lora Ferguson 6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased About March 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 64 hr. min.

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

10. Usual occupation U.S. Postal Department

11. Industry or business _____

12. Name John Ferguson

13. Birthplace Dont know
(City, town, or county) (State or foreign country)

14. Maiden name Dont know

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

16. (a) Informant Mr. Wm. E. Bowman

(b) Address 5318 E. Englewood Avenue

17. (a) Removal (b) Date thereof 11-2-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Williamsville, Mo.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.

(b) Address 5966-68 Easton Avenue

19. (a) NOV 2 1945 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler
(c) City or town Williamsville
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 2
year 1945 hour 8 minute 15 A. M.

21. I hereby certify that I attended the deceased from 1 Oct. 1, 1945, to Nov. 2, 1945,
that I last saw him alive on Nov. 2, 1945,
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the stomach

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death) _____

Major findings: Gastro-enterostomy -
Of operations CA. STOMACH

Of autopsy NONE

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 FR Bradley (M. D. _____)
Address Barnes Hospital Date signed 11/2/45

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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

Clement M. May

Licensed Embalmer No. *3732*

P. O. Address

St. Louis

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.