No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2494

FILED FEB 9 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1001

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

1. PLACE OF DEATH:
(a) County St Louis Mo.
(b) City or town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Hosp = 2 0
(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 Mo. (b) County 000
(c) City or town St Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3115 Cass 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 11
If yes, name country

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

4. Sex Male 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced 1
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ... years
7. Birth date of deceased (Month) (Day) (Year) Oct 1887

8. AGE: Years 61 Months Days If less than one day ... hr. ... min.

9. Birthplace Unk (City, town, or county) Mo (State or foreign country)
10. Usual occupation Laborer
11. Industry or business Unk
FATHER
12. Name Unk
13. Birthplace Unk (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name Unk
15. Birthplace Unk (City, town, or county) (State or foreign country) 9
16. (a) Informant Thos. G. Callahan
(b) Address 300 Clark
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof JAN 31 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Anatomical Board
18. (a) Signature of funeral director Edward F. Rowland
(b) Address 4104 MANCHESTER
19. (a) JAN 31 1948 (Date received local registrar) J. F. Pasineck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17
year 1948 hour minute 10 50 am 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.

Immediate cause of death Bilateral Tuberculosis
Due to
Due to Pulmonary
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations 13
Of autopsy

Duration

PHYSICIAN
Underline the cause of 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) 3
While at work? (e) Means of injury 8

23. Signature [signature] (M. D. or other)
Address Date signed 1/29/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Julia

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 Ralph W Henson

Licensed Embalmer No. 3791

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.