

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED AUG 12 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

1003

Primary Registration District No.

State File No.

24269

6868

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barnes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 22 days
(Specify whether years, months or days)
In this community _____

3. (a) PRINT FULL NAME Rhoda L. Ferguson

3. (b) If veteran, _____ name war _____
3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Thos. E. Ferguson 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased Dec. 28 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 7 6 hr. min.

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

10. Usual occupation House Wife

11. Industry or business _____

12. Name Thomas Wm. Bean
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Mary Cash
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas E. Ferguson
(b) Address Festus, Mo.

17. (a) Burial (b) Date thereof 8--7--48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Festus M.E. Cemetery

18. (a) Signature of funeral director Finks

(b) Address Festus, Mo.

19. (a) AUG 5 - 1948 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson 50
(c) City or town Festus 3
(If outside city or town limits, write "RURAL")
(d) Street No. N.R. (If rural, give location) 1
(e) Citizen of foreign country? NO (Yes or No) 1
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 4
year 1948 hour 7 minute 00 A. M.

21. I hereby certify that I attended the deceased from July 13
1948 to August 4, 19 48
that I last saw her alive on August 4, 19 48
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis Duration _____

Due to Perforated Gall Bladder

Due to Cholelithiasis & Cholecystitis

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

Major findings: Perforated Gall Bladder PHYSICIAN _____
Of operations _____

Of autopsy Perforated Gall Bladder
Peritonitis 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 0

23. Signature F.H. Bradley (M. D. or other) 9/4/48
Address Barnes Hospital Date signed _____

6868

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.....

Eleana Province

Licensed Embalmer No. *3403*

P. O. Address *Leasus, 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.