S. No. 300
v. 10-48

FILED JUL 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20999

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5346

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Saint Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 405 Washington

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: 200
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Saint Louis 17
d. STREET ADDRESS (If rural, give location): 23 = 405 Washington 10

3. NAME OF DECEASED (Type or Print): a. (First) Hugh b. (Middle) Graham c. (Last) Ferguson

4. DATE OF DEATH (Month) (Day) (Year): June 20 - 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: July 27, 1871
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): manufacturer
10b. KIND OF BUSINESS OR INDUSTRY: retired
11. BIRTHPLACE (State or foreign country): Louisville, Kentucky
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: David Ferguson
13b. MOTHER'S MAIDEN NAME: Esther R. Waterman
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Mathilde F. McChesney, St. Louis, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerotic heart disease — years
DUE TO (c) -

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Coronary Occlusion — April 1947

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

4200

22. *I hereby certify that I attended the deceased from* Jan 27, 1947, *to* June 20, 1949, *that I last saw the deceased alive on* Sept 27, 1948, *and that death occurred at* 11:20 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ray David Williams
23b. ADDRESS: 114 No Taylor, St. Louis
23c. DATE SIGNED: June 20 1949

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: June 22, 1949
24c. NAME OF CEMETERY OR CREMATORY: Cave Hill Cemetery,
24d. LOCATION (City, town, or county) (State): Louisville, Kentucky.

DATE REC'D BY LOCAL REG.: JUN 21 1949
REGISTRAR'S SIGNATURE: J B Fosater
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: C.R.Lupton & Sons - 7233 Delmar Blvd.

(Licensed Embalmer's Statement on Reverse Side)

JUL 1 8 1949

Dr. Ray Williams
114 No Taylor

2.30 - 5 P.M.

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 .....

..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Arnold W. Schoene

Licensed Embalmer No. 3864

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.