

FILED DEC 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38705

State File No. 16126

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. 16126
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Baptist Hospital		d. STREET ADDRESS (If rural, give location) 1319a Semple Ave.		
3. NAME OF DECEASED (Type or Print) a. (First) Nina b. (Middle) R c. (Last) Ferguson		4. DATE OF DEATH (Month) (Day) (Year) Nov. 24 1949		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Oct. 28 1874	
9. AGE (In years last birthday) 75		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) Home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Ill.
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Isaac Ferguson		
13b. MOTHER'S MAIDEN NAME Mary Bowman		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)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME T. J. Ferguson, 5515 Cabanna Ave.
18. CAUSE OF DEATH (Enter on this cause per (a), (b), and (c)) <i>This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL JUNCTION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma, Right Colon INTERVAL BETWEEN ONSET AND DEATH 1947 ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Metastases to peritoneum and liver. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION Sept 1947	19b. MAJOR FINDINGS OF OPERATION Carcinoma Right Colon			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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) St. Louis		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 1st X		
22. I hereby certify that I attended the deceased from Aug 1947 , to Nov 24, 1949 , that I last saw the deceased alive on Nov 21, 1949 , and that death occurred at 9:30 a. m. , from the causes and on the date stated above.				
23a. SIGNATURE H. H. Helber, M.D.		23b. ADDRESS 3903 Olive		23c. DATE SIGNED 11/25/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11/26/49	24c. NAME OF CEMETERY OR CREMATORY Green Mount Cem.	24d. LOCATION (City, town, or county) (State) Belleville Ill.	
DATE REC'D BY LOCAL REG. NOV 23 1949	REGISTRAR'S SIGNATURE J. B. Lancaster	25. FUNERAL DIRECTOR'S SIGNATURE Drehmann-Harral, 1905 Union Blvd.		

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

(
1-
8
)

nil

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 *Warren A. Casper*

Licensed Embalmer No. *353x*

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

State of..... }
County of..... } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 38705
Local Registrar's No. 10126 ~~10126~~

AFFIDAVIT FOR CORRECTION OF A RECORD

On this..... day of....., 19....., before me appears.....
....., who, upon..... oath, states that the original record of ^{birth} death
for Nina Ferguson died 11-24-1949
~~born~~ on....., 19....., in the State of
Missouri, and which was filed at..... on....., 19....., should be corrected as follows:

Item No. 2 should read Nina Ferguson

Instead of..... Nina P. Ferguson

Item No..... should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant

Nina Ferguson

Inf.

Relationship.

5525 Cabanne

Present Address.

Subscribed and sworn to before me this 10 day of Jan. 1950

My Commission expires 3-4-53

Ben C. Johnson
Notary Public.

