

FILED FEB 3 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3101**  
**690**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>D</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>ST LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>ST LOUIS</b>	c. LENGTH OF STAY (in this place) <b>2 DAYS</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>WEBSTER GROVES</b>	4577
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>DEACONESS HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>16 OAK TERRACE</b>	

3. NAME OF DECEASED a. (First) <b>NELLIE M. FERGUSON</b> b. (Middle) <b>TREMBLEY</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 20, 1950</b>	
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOW 2</b>	8. DATE OF BIRTH <b>NOV-26-1956</b>	9. AGE (In years last birthday) <b>93</b>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>NEWARK N. JERSEY</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
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13a. FATHER'S NAME <b>RICHARD TERHUNE</b>	13b. MOTHER'S MAIDEN NAME <b>JULIA F. FORD</b>	14. NAME OF HUSBAND OR WIFE <b>JOSEPH H. TREMBLY</b>	
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Edgar J. Ferguson</b> ADDRESS	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Perforation of ascending colon</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) <b>Acute diverticulitis</b>		3 days
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Generalized arteriosclerosis</b>		Over 10 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) <b>15721</b>
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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?
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22. I hereby certify that I attended the deceased from **Jan. 18, 1950** to **Jan. 20, 1950**, that I last saw the deceased alive on **Jan. 20, 1950**, and that death occurred at **2:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>H. D. ...</b> (Degree or title)	23b. ADDRESS <b>19 E. Lockwood, Webster Groves, Missouri</b>	23c. DATE SIGNED <b>1-21-1950</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>JAN-23-1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>OAK HILL CEM</b>	24d. LOCATION (City, town, or county) (State) <b>KIRKWOOD MO.</b>
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DATE REC'D BY LOCAL REG. <b>JAN 23 1950</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>[Signature]</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

SEP 7 1951

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

*Leslie Welch*

Licensed Embalmer No. \_\_\_\_\_

*4395*

P. O. Address \_\_\_\_\_

*Wheaton Groves*

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.