

FILED JUN. 20. 1951

## STANDARD CERTIFICATE OF DEATH

State File No. 21675

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2098

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lemay</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> 2159	
c. LENGTH OF STAY (In this place) <u>21 Months</u>		d. STREET ADDRESS (If rural, give location) <u>15 4239 Neosho St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lemay Nursing Home</u> <u>935 1/2 S. Broadway</u>			

3. NAME OF DECEASED (Type or Print) <u>CHRISTINE E. FERGUSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 4 1951</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow 2</u>	
8. DATE OF BIRTH <u>Feb. 7, 1871</u>		9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR: Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>	
12. COUNTRY OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Unknown Peters</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Late William J. Ferguson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Emma Reiss 4239 Neosho St.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u>		ANTECEDENT CAUSES <u>Hypertensive cardio-vascular disease</u>		<u>1/2 hour</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____		<u>10 yrs.</u>	
DUE TO (c) <u>Arteriosclerosis</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>20 yrs.</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
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	

22. I hereby certify that I attended the deceased from 10/3 1950 to 5/4 1951, that I last saw the deceased alive on 5/4 1951, and that death occurred at 10:30 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Mitchell L. Bertnick</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>7629 So. Broadway</u>	
23c. DATE SIGNED <u>5/7/51</u>					

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial 1)</u>		24b. DATE <u>May 8, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>					

DATE REC'D BY LOCAL REG. <u>5/8/51</u>		REGISTRAR'S SIGNATURE <u>Hubert P. Somke</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kriegshauser 4228 S. Kingshighway Bl.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed..... *Richard W. Stovesand*

Signed.....  
Student Embalmer

Licensed Embalmer No..... *4007*

P. O. Address.....

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.