STANDARD CERTIFICATE OF DEATH  SIRTY NO.  STANDARD CERTIFICATE OF DEATH  SIRTY NO.  STANDARD CERTIFICATE OF DEATH  FLACE OF DEATH  FLACE OF DEATH  COUNTY  D. CITY CIT conducts componed Mindle, write a RUTAL's and gire was a standard of the county of the		FILED FEB 11 1953  THE DIVISION OF HEALTH OF MISSOURI									
BIRTH NO.   STACE OF DEATH   STACE OF DE	. No.300	LIECD LED T	1 )000	STANDARD CERTIF	ICATE OF DE	ATH State	3129				
BOOM ST. LOUIS townships of the control of the cont	. 10.48	BIRTH NO		_ REG. DIST. NO. 318		<del></del>	<del></del>				
TOWN St. Louis woundary St. Louis (A. Fright St. Louis Address or location)  4. Fright American (A. Fright St. Louis St. Louis Address or location)  5. NAME OF Gr and the baselest or location of the state of the s	$\lambda$		тн		a STATE Miss	ouri 🎉 b. coi	INTY St. Louis				
Compared Period   John   Compared   Compar		b. CITY (If conside corporate limits, write RURAL and give C. LENGTH OF OR township) STAY (In this place) 722 NIS			c. CITY (2) consists corporate Mucho, write RURAL and give township) OR TOWN Ferguson 7 4/09						
Compared Period   John   Compared   Compar	CORI	d. FULL NAME OF a HOSPITAL OR INSTITUTION	St. Luke	nationalism, give street address or location).	d. STREET ADDRESS 527 Hollins Br.						
Compared Prints   Course for Race   7. Married New Marker   1. M	E E	3. NAME OF		b. (Middle)	* .*	4. DATE	(Month) (Day) (Year)				
13a. Father's NAME   13b. MOTHER'S MATEE   15b. MOTHER NATION   15b. MAS DECEASED EVER IN U.S. ARMED FORCES?   15. SOCIAL SECURITY   17. INFORMANT'S SIGNATURE OR NAME   1492-05-32**22   Alma Getz Ferguson, Mo.   18b. CAUSE OF DEATH   19c. CAUSE OF CONDITION   19c. CAUSE OF CONDITION   19c. CAUSE OF CONDITION   19c. CAUSE OF CONDITION   19c. CAUSE OF CAUSE OF CONDITION   19c. CAUSE OF C	-1	(Type or Print)									
13a. Father's NAME   13b. MOTHER'S MATEE   15b. MOTHER NATION   15b. MAS DECEASED EVER IN U.S. ARMED FORCES?   15. SOCIAL SECURITY   17. INFORMANT'S SIGNATURE OR NAME   1492-05-32**22   Alma Getz Ferguson, Mo.   18b. CAUSE OF DEATH   19c. CAUSE OF CONDITION   19c. CAUSE OF CONDITION   19c. CAUSE OF CONDITION   19c. CAUSE OF CONDITION   19c. CAUSE OF CAUSE OF CONDITION   19c. CAUSE OF C	ANEN			WIDOWED DIVORCED (Specify)	Oct. 3,	1884 68	Months Days Hours Min.				
13a. Father's NAME   13b. MOTHER'S MATEE   15b. MOTHER NATION   15b. MAS DECEASED EVER IN U.S. ARMED FORCES?   15. SOCIAL SECURITY   17. INFORMANT'S SIGNATURE OR NAME   1492-05-32**22   Alma Getz Ferguson, Mo.   18b. CAUSE OF DEATH   19c. CAUSE OF CONDITION   19c. CAUSE OF CONDITION   19c. CAUSE OF CONDITION   19c. CAUSE OF CONDITION   19c. CAUSE OF CAUSE OF CONDITION   19c. CAUSE OF C	ERM	10a. USUAL OCCUPATIO	Naker Maker	Bank Equipment			12. CITIZEN OF WHAT COUNTRY?				
15. WAS DECEASED EVER IN U. S. ARMED FORCES]  16. SOCIAL SECURITY (Yes, MyConhouse)  17. INFORMANT'S SIGNATURE OR NAME ADDRESS  18. CAUSE OF DEATH Enter only one cause per line for (o), (b), and (c)  18. CAUSE OF DEATH Line for (o), (b), and (c)  18. CAUSE OF DEATH Line for (o), (b), and (c)  18. This does not meen to a heart feditare, extends, at a heart feditare, extends, and extends of single great from which caused death.  19. DATE OF OPERA.  19. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT SIGNETICANT CONDITIONS Conditions contributing to the death but not related to the disease or ordition counting death.  19. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT SIGNETICANT CONDITIONS Conditions, or conditio	1:		z Sr.								
DISEASE OR CONDITION DIRECTLY LEADING TO "FATH" (a) Disease of Conditions of Spring Public to the above cause (a) stating the underlying cauthents at heart fellure, authents of Spring Public to the above cause (a) stating the underlying cauthents or compiled from which caused death.  DUE TO (b)  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but and suring death.  DUE TO (c)  III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but and suring death.  DUE TO (c)  III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but and suring death.  DUE TO (c)  III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but and suring death.  DUE TO (c)  III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but and suring death.  TON  DISTANCE OF INJURY (a.g., in or about 5 line. (CITY, TOWN, OR TOWNSHIP)  TOR TOWN OR TOWNSHIP)  ZIA. ACCIDENT SUCCIDE HOMICIDE  10. THE 'MOGEN')  COUNTY)  ZIA. ACCIDENT COUNTY)  ZIA. ACCIDENT SUCCIDE HOMICIDE  210. THE 'MOGEN')  COUNTY)  ZIA. Thereby certify that I attended the deceased from ANORE WORK WORK WORK WORK WORK WORK WORK WORK	IAKE	IS. WAS DECEASED EVE	R IN U.S. ARMED	-No.							
DUE TO (c)  DUE TO	INE	18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  19. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  10. DISEASE OR CONDITION DIRECTLY LEADING TO SEATH (a) DISEASE OR CONDITION DIRECTLY LEADING TO SEATH (b) DISEASE OR CONDITION ONSE  ANTECEDENT CAUSES									
Tion which caused death.  19. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERA- 19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT SUCCIDE HOMICIDE HOMICIDE HOMICIDE INJURY  21d. Time (Recently) (Day) 17 say) (Hour)  21e. INJURY OCCURRED INJURY  22f. Insuring contributing the deceased from WHILE AT WORK  22 Is hereby certify that I attended the deceased from WHILE AT WORK  22a. BURIAL, CREMA- 10a. BURIAL BURIAL 10a.	i	as heart fallure, asthenia, etc. It means the dis-	the underlying ca								
21a. ACCIDENT (Bpecity)  21b. PLACE OF INJURY (e.g., hor about bome, farm, fastery, street, office bidg., sec.)  21c. (CITY, TOWN, OR TOWNSHIP)  22f. HOW DID INJURY OCCUR?  32d. HOW	DING		II. OTHER SIGNI Conditions contri related to the disc	FICANT CONDITIONS buting to the death but not are or condition causing death.	lone						
21a. ACCIDENT (Bpecity)  21b. PLACE OF INJURY (e.g., hor about bome, farm, fastory, street, office bidg., esc.)  21c. (CITY, TOWN, OR TOWNSHIP)  22f. HOW DID INJURY OCCURRED  22f. HOW DID INJURY O	JNFA	19a. DATE OF OPERA- TION	19b. MAJOR FIN	DINGS OF OPERATION			i — —				
22. Is hereby certify that I attended the deceased from deceased from alive on 5, 1965, and that death occurred at 11.25 ms, from the causes and on the date stated above.  22. Is hereby certify that I attended the deceased from from the causes and on the date stated above.  23. OFF SIGNIO 246. BURIAL, CREMA- 246. BURIAL COMMENTAL COMMETTER ST. LOUIS CO. MO.  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS  LAN 6 1052  White Chapel, Ferguson, Mo.	ł	21a. ACCIDENT SUICIDE HOMICIDE	(Specify)				OUNTY) (STATE)				
24a. BURIAL. CREMA- 24b. BAFE   24c. NAME OF CEMETERY OR CREMATORY   24d. LOCATION (City, town, or county)   (Glate)    DATE REC'D BY LOCAL   RESISTRAR'S SIGNATURE   25 FUNERAL DIRECTOR'S SIGNATURE   ADDRESS    LAN 6 1052   Control of Local   Resistrance   LAN 6 1052   Control of Local   Resistrance   LAN 6 1052   Control of Local   Resistrance   LAN 6 1052   Control of Local   Control of Local   Resistrance   LAN 6 1052   Control of Local   LAN 6 1052   Control of Local   Lan 6 1052   Control of Lan 6 1052   Control o		OF /	(Day) (Year)	(Hour)   .21e. INJURY OCCURRED WHILE AT   NOT WHILE   WORK   AT WORK	211. HOW DID INJU	di	3561				
24a. BURIAL. CREMA- 24b. BAFE   24c. NAME OF CEMETERY OR CREMATORY   24d. LOCATION (City, town, or county)   (Glate)    DATE REC'D BY LOCAL   RESISTRAR'S SIGNATURE   25 FUNERAL DIRECTOR'S SIGNATURE   ADDRESS    LAN 6 1052   Control of Local   Resistrance   LAN 6 1052   Control of Local   Resistrance   LAN 6 1052   Control of Local   Resistrance   LAN 6 1052   Control of Local   Control of Local   Resistrance   LAN 6 1052   Control of Local   LAN 6 1052   Control of Local   Lan 6 1052   Control of Lan 6 1052   Control o	INLY										
JAN 6 1052 REG. White Chapel, Ferguson, Mo.	H.	230 SENATURE	wB lon	ues MP	13720 U	bolindin	6/Jan 153				
JAN 6 1052 REG. White Chapel, Ferguson, Mo.	/RITE	II TLON: REMOVAL (Boodly	24b. 8ATE	• •		1 - s = T - s					
	<b>F</b>	DATE REC'D BY LOCAL	L   RESISTRAR'S	SIGNATURE NO	1 -7'						
	ļ	<u>г тип о 1953</u>	V -	(Licensed Embalmer's							

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side	of this c	ertificate w	as embaime	ed by me, or	by	٠.
	,	Student	Embalmer	No	*******************************	٠,
working under my personal supervision.			100	4		

Student Embalmer

Licensed Embalmer No. 3973

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.