

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
318

11586

State File No. 1003  
Registrar's No. 3024

|  |                               |  |  |   |   |  |   |
|--|-------------------------------|--|--|---|---|--|---|
| BIRTH NO. _____  |                               | REG. DIST. NO. _____   |  | PRIMARY REG. DIST. NO. _____  |   | Registrar's No. _____  |   |
| 1. PLACE OF DEATH<br>a. COUNTY _____   |                               |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u><br>b. COUNTY _____ |   |  |   |
| b. CITY OR TOWN <u>St. Louis</u>   |                               | c. LENGTH OF STAY (in this place) _____  |  | c. CITY OR TOWN <u>St. Louis</u>  |   | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3125 School ST.</u>   |                               |  |  | e. STREET ADDRESS (If rural, give location) <u>21 3125 School ST. 2219</u>  |   |  |   |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>Mary</u><br>b. (Middle) _____<br>c. (Last) <u>George</u>   |                               |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>March 15, 1953</u> |   |   |  |   |
| 5. SEX <u>Female</u>   | 6. COLOR OR RACE <u>Negro</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>  | 8. DATE OF BIRTH <u>Aug. 31, 1863</u>                          |   | 9. AGE (In years last birthday) <u>89</u>                                 | IF UNDER 1 YEAR<br>Month <u>6</u> Days <u>14</u>   | IF UNDER 18 HRS.<br>Hours _____ Min. _____                                  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unemployed</u>  |                               | 10b. KIND OF BUSINESS OR INDUSTRY _____  |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>New Orleans, La.</u>  |   | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>   |   |
| 13a. FATHER'S NAME <u>Wyatt Ferguson</u>   |                               | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth</u>   |  | 14. NAME OF HUSBAND OR WIFE <u>John George</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>None</u>  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Daisy Jones - 3128 School</u>  |   |  |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Malignant Hypertension</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchial Pneumonia</u> |  |   |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>???</u><br><br><u>approx. 2 hrs.</u> |
| 19a. DATE OF OPERATION _____   |                               | 19b. MAJOR FINDINGS OF OPERATION _____   |  |   |   | 20. AUTOPSY?<br>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) (Min.) _____   |                               | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  | 21f. HOW DID INJURY OCCUR? <u>H-45 X</u>  |   |  |   |
| 22. I hereby certify that I attended the deceased from <u>3-11-</u> , 19 <u>53</u> , to <u>3-15-</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>3-15-</u> , 19 <u>53</u> , and that death occurred at <u>7 AM</u> m., from the causes and on the date stated above. |                               |  |  |   |   |  |   |
| 23a. SIGNATURE (Degree or title) <u>William C. Pantony II, M.D.</u>  |                               |  |  | 23b. ADDRESS <u>11 Peoples Finance Bldg</u>   |   | 23c. DATE SIGNED <u>3-18-53</u>  |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>   |                               | 24b. DATE <u>Mar. 21, 1953</u>   | 24c. NAME OF CEMETERY OR CREMATORY <u>Oak Dale</u>             |   | 24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u> |  |   |
| DATE REC'D BY LOCAL REG. <u>MAR 19 1953</u>  |                               | REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. B. Krame 1221 N. Grand</u>   |   |  |   |

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

mo: B (Licensed Embalmer's Statement on Reverse Side)

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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 ..... Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Gayton Swan*

Licensed Embalmer No... *458*

P. O. Address... *221 1/2 Dr*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.