

NOV 13 1939 791
Registration District No. 1000

Primary Registration District No.

Registrar's No.

8755

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Central Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 48 yrs. years, months or days)

8. (a) PRINT FULL NAME Jane Elizabeth Ferguson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife George H. Ferguson 6. (c) Age of husband or wife if alive 51 years7. Birth date of deceased Febv. 19th. 1891
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
48 7 23 hr. min.9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business _____

12. Name William S. Hill13. Birthplace England
(City, town, or county) (State or foreign country)14. Maiden name Lillian Hake15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature _____

(b) Address 5067 Queens Ave.17. (a) Burial (b) Date thereof 10-14-39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Valhalla Cemetery18. (a) Signature of funeral director Probst and Co(b) Address 3710 N. Grand Blvd.19. (a) NOV 13 1939 (b) J. J. Bueck
(Date received local registrar) (Signature of Registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1
 (c) City or town St. Louis [7]
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5067 Queens Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 12th.
year 1939 hour 5.40 minute A. M.21. I hereby certify that I attended the deceased from Sept 18 39
to Oct 12 1939
that I last saw her alive on Oct 12 1939
and that death occurred on the date and hour stated above.Immediate cause of death Emphysema Duration 4 daysDue to Complications following PharyngitisDue to Toxic adenitis of Thymus

Other conditions (Include pregnancy within 3 months of death)

Major findings: AdenomatousOf operations GastricOf autopsy None made

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature John D. Hayward (M. D. or other) _____
Address 1610 S. Grand Blvd. Date signed 10/13/39

J.J. Kemp
4503 Washington ave
Ro 3653
3-5

Hayward
8/4

10-11

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 Me

....., Registered Apprentice No.....
working under my personal supervision.

Signed A. A. Smithers

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand Blvd.

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, above space should be left blank.