

Registration District No. **701** Primary Registration District No. _____

1. PLACE OF DEATH: **1003**
(a) County _____
(b) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **9/14 to 12/29**
(Specify whether
In this community **39** years, months or days)

3. (a) PRINT FULL NAME **Rebecca Ferguson** **622**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **Negro**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Rollie Miles Ferguson**
6. (c) Age of husband or wife if alive **45** years
7. Birth date of deceased **1900 - Dec. 12**
(Month) **12** (Day) **12** (Year) **1900**

8. AGE: Years **39** Months **0** Days **17** If less than one day _____ hr. _____ min.

9. Birthplace **City of St. Louis Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**
11. Industry or business _____

MOTHER FATHER
12. Name **Not known**
18. Birthplace _____
14. Maiden name **Dora Bullaga**
15. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Rola Miles**
(b) Address **1431 Res Franklin**
17. (a) **Burial** (b) Date thereof **1-3-40**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Washington Park**

18. (d) Signature of funeral director **W. Richards**
(b) Address **2625 Gladstone**
19. (a) **DEC 31 1939** (b) **J. Brudick**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town **St. Louis, Mo.** **25**
(If outside city or town limits, write "RURAL")
(d) Street No. **1431 rear Franklin**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Dec.** day **29**
year **1939** hour **7:50** minute _____ P. _____ M. _____
21. I hereby certify that I attended the deceased from **Sept. 14**
1939, to **Dec. 29**, **1939**,
that I last saw her alive on **December 29**, **1939**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Heart failure**
Due to **Myocardial infarction, right ventricle & left ventricle**
Due to **Supraventricular left bundle branch block, Pulmonary embolism, Portal cirrhosis**
Other conditions **Portal cirrhosis**
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: **Myocardial infarction, Supraventricular left bundle branch block, Pulmonary embolism, Portal cirrhosis - Passive congestion of lungs**
Underline the cause to which death should be attributed

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) _____ (b) Means of injury _____
23. Signature **Palston S. Malley** (M. D. or other) _____
Address **1536 Poplar St** Date signed **1/9/39**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

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

Signed *A. P. Richardson*

Licensed Embalmer No. *2928*

P. O. Address *2625 Glasgow*

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.