DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 175

Registration District No. 791 FILED FEB 17 1940

Primary Registration District No. 1003

Registrar's No. 175

1. PLACE OF DEATH:

(a) County 1

(b) City or town St Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer G Phillips Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 days (Specify whether years, months or days)

In this community Unknown

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County

(c) City or town St Louis 25 (If outside city or town limits, write "RURAL")

(d) Street No. 1111 N 15th (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Laura Ferguson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Col

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife unknown

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased April (Month) 7 (Day) 1870 (Year)

8. AGE: Years 69 Months 8 Days 24 If less than one day ..... hr. ..... min.

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

10. Usual occupation House Work

11. Industry or business 0

FATHER
12. Name William Martin 1
13. Birthplace Atlanta (City, town, or county) Ga (State or foreign country) 0

MOTHER
14. Maiden name Callie Boyd
15. Birthplace Troy (City, town, or county) Mo (State or foreign country)

16. (a) Informant's own signature Mildred Martin

(b) Address 1315A Gay

17. (a) ..... (Burial, cremation, or removal) (b) Date thereof 1-8-40 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director A. J. Richards

(b) Address 2625 Gurgan

19. (a) JAN 8 1940 (Date received local registrar) (b) J. F. Bradick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1 year 1940 hour 5:00 minute 25 A M.

21. I hereby certify that I attended the deceased from December 6, 1939, to January 1, 1940; that I last saw her alive on January 1, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Luetic Heart Disease	8-10 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature H. J. Lyman (M. D. or other)

Address 2671 N Whittier Date signed 1/4/40

(Licensed Embalmer's Statement on Reverse Side)

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. D. Richardson

Licensed Embalmer No. 2928

P. O. Address 2628 Glasgow

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.