

Registration District No. **791**

Primary Registration District No. \_\_\_\_\_

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: Mo. Baptist San.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 5 days  
(years, months or days)

3. (a) PRINT FULL NAME Kenneth Ferguson **622**

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct. 14, 1930  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>9</u>	<u>10</u>	<u>8</u>	hr. _____ min.

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

10. Usual occupation School boy

11. Industry or business \_\_\_\_\_

12. Name Alfred Ferguson

13. Birthplace Ellington, Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Alta Sullivan  
(City, town, or county) (State or foreign country)

15. Birthplace Ellington, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Alfred Ferguson  
(b) Address Ellington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/23/40  
(Month) (Day) (Year)

(c) Place: burial or cremation Ellington, Mo.

18. (a) Signature of funeral director W. McLaughlin  
(b) Address 2301 Lafayette Ave

19. (a) AUG 23 1940 (Date received local registrar) (b) J. F. Brudick (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town Ellington - R/F/D. #2 **NR**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 22  
year 1940 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from August 19, 1940 to August 22, 1940  
that I last saw him alive on August 22, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute dilatation of heart Duration \_\_\_\_\_

Due to Acute Osteomyelitis of right femur. Tubercular

Due to \_\_\_\_\_  
Other conditions 27a  
(Include pregnancy within 3 months of death)

Major findings: Acute Osteomyelitis of right femur.  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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 W. Fairbury (M. D. or other) M.D.  
Address 3258 Lafayette Ave. Date signed 8-23-40

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

**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

*Paul A. Keith*

Licensed Embalmer No.

*3612*

P. O. Address

*2317 Lafayette*

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

**If this body is not embalmed, fact should be so stated above.**