

FEB MAY 13 1942

Registration District No. 791 Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(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:
5152 Cabanne
(If not in hospital or institution, write street number or location)

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

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 000

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

(d) Street No.: 5152 Cabanne
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Bertha Ferguson

3. (b) If veteran, name war: 1

3. (c) Social Security No.: _____

4. Sex: Female 5. Color or race: White 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife: Herbert Parrish 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Nov. 26 1920
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>21</u>	<u>4</u>	<u>23</u>	_____ hr. _____ min.

9. Birthplace: Cape Girardeau, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: _____

MOTHER FATHER { 12. Name: Vernon Kersey

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

14. Maiden name: Edna Wells

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

16. (a) Informant: H. G. Parrish

(b) Address: 5152 Cabanne

17. (a) Removal (b) Date thereof: 4 6 42
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director: Albert H. Hoppe Inc.

(b) Address: 4700 Washington

19. (a) APP 6 1942 (b) J. J. Breder
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4th
year 1942 hour 3:10 minute _____ A. M.

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

Immediate cause of death: Sodium Fluoride Poisoning; self administered at her home 5152 Cabanne Ave., on April 4th, Due to at about 12:00 A.M.

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____
Of autopsy: _____

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

(a) Accident, suicide, or homicide (specify): Suicide

(b) Date of occurrence: April 4th, 1942

(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In Home
(Specify type of place)

23. Signature: [Signature] (M. D. or other) _____
Date signed: 4/6/42

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MAR 19 1947

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.....

Albert G. Hopper

Licensed Embalmer No. *2971*

P. O. Address.....

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, fact should be so stated above.