

S. No. 2
M-5-42
7-5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31933**

FILED NOV 1 1942 **318**

Registration District No. _____ Primary Registration District No. **1000** Registrar's No. **9129**

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: **Firmin Desloge Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 weeks**
In this community **4 weeks**
years, months or days (Specify whether)

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. **2633a St. Vincent Ave**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ **0**

3. (a) PRINT FULL NAME **Stella Ferguson**
3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M**
6. (b) Name of husband or wife **Oscar** 6. (c) Age of husband or wife if alive **51** years
7. Birth date of deceased **Dec. 15, 1896**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	45	10	16	hr. _____ min. _____

9. Birthplace **Hillsboro, Mo.** (City, town, or country) (State or foreign country) **0**
10. Usual occupation **Housewife**

11. Industry or business _____
12. Name **John L. Huskey**
13. Birthplace **Jefferson Co. Mo.** (City, town, or county) (State or foreign country) **0**
14. Maiden name **Martha Thompson**
15. Birthplace **Jefferson Co., Mo.** (City, town, or county) (State or foreign country) **0**

16. (a) Informant **Lena Maness**
(b) Address **3249 Lafayette Ave**
17. (a) **Burial** (b) Date thereof **11/3/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Marcus Cemetery**
18. (a) Signature of funeral director: **W. McLaughlin**
(b) Address **2301 Lafayette Ave**
19. (a) **NOV 2 1942** **J. F. Budeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Nov** day **15** year **1942** hour **3** minute **25 P** M.
21. I hereby certify that I attended the deceased from **10-1-42** to **11-1-42**; that I last saw her **ER** alive on **11-1-42**; and that death occurred on the date and hour stated above.

Immediate cause of death **Generalized metastatic obstruction**
Due to **Carcinoma of Ovaries**
Other conditions **Ca of Ovaries 11-1-42**
(Include pregnancy within 3 months of death)
Major findings: **Generalized Ca of Peritoneal cavity**
Of autopsy **NOT done**
Duration **4 months**
PHYSICIAN _____ Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: **NO**
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____ **NO**
(c) Where did injury occur? _____ (City or town) (County) (State) **NO**
(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 _____ **0**
23. Signature **Louis T. Moore** (M. D. or other) _____
Address **Desloge Hosp.** Date signed _____

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

11-1-42

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 L. R. Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

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.