S. No. 2
M—5-42
v. 5-17-39
I X32873

96
13
1

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 30 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

38016

State File No.

Registration District No. 7 1/2 4 — Primary Registration District No. 200 — Registrar's No. 2465

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Overland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2337 Gaebler St. /
(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

2. USUAL RESIDENCE OF DECEASED: 96
(a) State: Mo. (b) County: 13
(c) City or town: Overland
(If outside city or town limits, write "RURAL") /
(d) Street No.: 2337 Gaebler St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Estelyn Alice Ferguson
3. (b) If veteran, name war:
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: Leonard Ferguson
6. (c) Age of husband or wife if alive: 76 years
7. Birth date of deceased: Dec. (Month) 4 (Day) 1865 (Year)

8. AGE: Years 76 | Months 11 | Days 20 | If less than one day ___ hr. ___ min.

9. Birthplace: W. Va. / (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
MOTHER FATHER
12. Name: Sampson Gordon
13. Birthplace: Unknown 9 (City, town, or county) (State or foreign country)
14. Maiden name: Elizabeth Collins
15. Birthplace: Unknown 9 (City, town, or county) (State or foreign country)
16. (a) Informant: Leonard Ferguson
(b) Address: 2337 Gaebler St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-28-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park
18. (a) Signature of funeral director: Drehmann-Harral
(b) Address: 1905 Union Blvd.
19. (a) 11-27-42 (Date received local registrar) (b) C. L. McCarron M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov. day: 24 year: 1942 hour: 3 minute: 20 P.M.
21. I hereby certify that I attended the deceased from 1930, 19__, to Nov 24, 1942, that I last saw he alive on Nov 24 42, 19__; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Coronary Sclerosis
Due to: Acute Arterio-Sclerosis
Due to:
Other conditions (Include pregnancy within 3 months of death): 94a
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: Merle Bone (M. D. or other)
Address: 1492 Hodiamont Date signed: 11/27/42

1/42
0-54

(Licensed Embalmer's Statement on Reverse Side)

1492 Hodiamont

1-4 P.M.

OCT 1944

OCT 27 1944

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 Robert M. Sanford

Licensed Embalmer No. 3273

P. O. Address St. Louis

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.