

FILED APR 1 1944 18

L 1005

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

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

Registrar's No. 2913

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:  
St. Louis City Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 9 25

(d) Street No. 112 South Fourth St.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ferguson Grover

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive 28 years 1861

7. Birth date of deceased: Dec. (Month) 28 (Day) 1861 (Year)

8. AGE: Years 82 Months 2 Days 29 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Liberty Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Un-employed

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

MOTHER FATHER { 12. Name Benjamin Grover

13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown 9

15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Flynn

(b) Address 3712 South Broadway

17. (a) Burial (b) Date thereof Mar. 28, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Wacker-Keller & Co.  
3634 Gravois Ave.

(b) Address \_\_\_\_\_

19. (a) MAR 29 1944 (b) J. F. Budick  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27th  
year 1944 hour 11:35 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from March 18th  
19 44 to March 27th 19 44

that I last saw him in alive on March 27th 19 44  
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 9/2

Major findings: Of operations \_\_\_\_\_

Of autopsy Same

Duration \_\_\_\_\_

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? \_\_\_\_\_ (b) Means of injury \_\_\_\_\_

23. Signature Frank Fisher 40  
1515 Lafayette 3/28/44  
(Date signed)

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

*Robert Wheeler*

Licensed Embalmer No.

P. O. Address

*2128  
St. Louis, Mo.*

**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.**