No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 18 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33023

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8498

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, S
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's. O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ore
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2021½ S. 12th St. 9
(If rural, give location)
(e) Citizen of foreign country? 23 (Yes or No) O
If yes, name country

3. (a) PRINT FULL NAME Nellie Singrun.

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

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

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

7. Birth date of deceased Nov. 3, (Month) (Day) 1884 (Year)

8. AGE: Years 62 Months 10. Days 3. If less than one day hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) O (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Edward Ferguson.
13. Birthplace New Orleans. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Josephine Murphy.
15. Birthplace St. Louis, Mo. (City, town, or county) O (State or foreign country)

16. (a) Informant Leroy Singrun
(b) Address 1 S. 12th St.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Sep't. 10, 1947. (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director J. J. Quinn
(b) Address 1389 Union Blv'd.

19. (a) SEP 8 1947 (Date received local registrar) (b) J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 6
year 1947 hour 4 minute 20 A.M.

21. I hereby certify that I attended the deceased from August 23, 1947 to September 6, 1947
that I last saw her alive on September 5, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Biliary System — Duration 8/23/47+

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

46

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 O

23. Signature Bernard T. Koon (M. D. or other) M.D.
Address 4755 Morganford Road St. Louis 16, Mo. Date signed 9/8/47

(Licensed Embalmer's Statement on Reverse Side)

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 Rex Campbell

Licensed Embalmer No. 3917

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.