

7-47
7-39
1906

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **11436**

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:
Homer Phillips
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST. LOUIS

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

(d) Street No. 4502 EASTON, AVE
(If rural, give location)

(e) Citizen of foreign country? _____
(Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Bertha Bevenice Ferguson

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Female 5. Color or race Negro

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased JAN 5, 1923
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>25</u>	<u>6</u>	<u>24</u>	hr. min.

9. Birthplace Widener Ark
(City, town, or county) (State or foreign country)

10. Usual occupation DIETICIAN

MOTHER FATHER

11. Industry or business _____

12. Name JAMES THOMAS

13. Birthplace Widener Ark
(City, town, or county) (State or foreign country)

14. Maiden name BEULAH TAYLOR

15. Birthplace Widener Ark
(City, town, or county) (State or foreign country)

16. (a) Informant Florence Moore

(b) Address 4502 EASTON, AVE

17. (a) BURIAL (b) Date thereof JAN 3, 1949
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WASHINGTON PK

18. (a) Signature of funeral director ENGLISH UND. CO

(b) Address 2931 LUCAS AVE

19. (a) JAN 3 1949 J. B. Foster
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29th
year 1948 hour 9:25 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 Gunshot wound of skull & brain inflicted by the hands of one Lawrence Ferguson, Col. in the home 4502-a Easton Ave. around 9:25 A.M. Dec. 29, 1948.

Due to _____

Due to _____

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

Major findings: 166, 98!

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) Homicide

(b) Date of occurrence Dec. 29, 1948

(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

While at work? _____
(Specify type of place) (a) Means of injury

23. Signature [Signature] (M. D. or other) _____
Address [Signature] Date signed 1/3/49

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 Burleson English
Licensed Embalmer No. 4205
P. O. Address 2931 Lucas

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.