

FILED APR 23 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 14425  
Registrar's No. 7309

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No. 7309	
1. PLACE OF DEATH a. COUNTY St. Louis,				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give town) Centaur Sta.		c. LENGTH OF STAY (in this place) 78 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Centaur Sta.		96 10	
d. FULL NAME OF HOSPITAL OR INSTITUTION Centaur Rd.				d. STREET ADDRESS (If rural, give location) Centaur Rd.			
3. NAME OF DECEASED (Type or Print) Walter		a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH Mar. 25, 1949		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Aug. 1, 1870		9. AGE (In years last birthday) 78		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer		11. BIRTHPLACE (State or foreign country) St. Louis Co. Mo. X	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Nathaniel Ferguson		13b. MOTHER'S MAIDEN NAME Mary Lipscomb		14. NAME OF HUSBAND OR WIFE Maud Terry Ferguson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Nanie Rethmeier, Ballwin, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Neurosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bronchial pneumonia</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 331X					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		93	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from March 5, 1949, to March 25, 1949, that I last saw the deceased alive on March 24, 1949, and that death occurred at 7:00 a. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) American F. Scott M.D.				23b. ADDRESS Ballwin Mo		23c. DATE SIGNED March 25, 1949	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 27, 49		24c. NAME OF CEMETERY OR CREMATORY Antioch		24d. LOCATION (City, town, or county) (State) Monarch, Mo.	
DATE REC'D BY LOCAL REG. 3/26/49		REGISTRAR'S SIGNATURE H. L. ...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Schrader Funeral Home, Ballwin, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed Theo. Schrader

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 23066

P. O. Address Bellewin, 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.