

FILED JUN 7 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17239**  
Registrar's No. **4650**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		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 township) St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4067 Blaine Ave.		d. STREET ADDRESS 4067 Blaine Ave.		(If rural, give location)	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) ARTHUR	b. (Middle) L.	c. (Last) FERGUSON	(Month) May	(Day) 25	(Year) 1949

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 22, 1888	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months 9	IF UNDER 1 YEAR Days 3	IF UNDER 24 HRS. Hours .	IF UNDER 15 MIN. Min. .
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tobacco Worker-Liggett & Myers Tob. Co.	10b. KIND OF BUSINESS OR INDUSTRY Tob. Co.	11. BIRTHPLACE (State or foreign country) Clarksville, Mo.	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Robert Ferguson	13b. MOTHER'S MAIDEN NAME Luella Burkett	14. NAME OF HUSBAND OR WIFE Alice T. Ferguson
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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.	17. INFORMANT'S SIGNATURE OR NAME Alice T. Ferguson	ADDRESS 4067 Blaine Ave.
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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		INTERVAL BETWEEN ONSET AND DEATH 3 mo.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma - Liver</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized Carcinomatosis</u>		3 mo	

19a. DATE OF OPERATION Dec 1948	19b. MAJOR FINDINGS OF OPERATION as above.	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) St. Louis, Mo. Ark.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 155 ft

22. I hereby certify that I attended the deceased from Nov., 1948, to May 25, 1949, that I last saw the deceased alive on May 21, 1949, and that death occurred at 9:00 a.m., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) R. A. Meyera M.D.	23b. ADDRESS 539 N. Grand	23c. DATE SIGNED 5/26/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 27, 1949	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. MAY 26 1949	REGISTRAR'S SIGNATURE J. Lasater	25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser	ADDRESS 4228 S. Kingshighway
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(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.

Student .....  
Student Embalmer

Signed *Edwin M. Bennett* .....

Licensed Embalmer No. *3024* .....

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.