

FILED AUG 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28035**
Registrar's No. **6907**

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 Missouri b. COUNTY MO	
b. CITY OR TOWN St. Louis		c. CITY OR TOWN St Louis	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 4106 Clara Place	
d. FULL NAME OF HOSPITAL OR INSTITUTION Baroute City Hospital			

3. NAME OF DECEASED (Type or Print) Jack a. (First) White b. (Middle) Ferguson c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) August 4th 1949		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	
8. DATE OF BIRTH Feb. 21st 1902		9. AGE (In years last birthday) 47		IF UNDER 1 YEAR: Months _____ Days _____	
IF UNDER 24 HRS: Hours _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) File Clerk		10b. KIND OF BUSINESS OR INDUSTRY Army Record Center	
11. BIRTHPLACE (State or foreign country) Springfield, Illinois				12. CITIZEN OF WHAT COUNTRY? U. S. A.	

13a. FATHER'S NAME Daniel Ferguson		13b. MOTHER'S MAIDEN NAME Rena Campbell		14. NAME OF HUSBAND OR WIFE Margaret 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) Yes World War 2		16. SOCIAL SECURITY NO. 494-07-5927		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Paul Ferguson, East St. Louis, Illinois	
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Coronary Sclerosis 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.				INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) MO	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H 201	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **1130 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE Patrick E. Taylor, Coroner		23b. ADDRESS 1306 Clara		23c. DATE SIGNED 8/5/49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8-5-49		24c. NAME OF CEMETERY OR CREMATORY Morrisonville Cemetery		24d. LOCATION (City, town, or county) (State) Morrisonville, Ill.	
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DATE REC'D BY LOCAL REG. AUG 8 1949		REGISTRAR'S SIGNATURE J. B. Lasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.	
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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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

Albert G. Hopper

Signed.....
Student Embalmer

Licensed Embalmer No.....

2971

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.