

FILED SEP 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31748
State File No. 7815
REGISTRAR'S NO.

318 1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		REGISTRAR'S NO. _____	
1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give town OR TOWN) St. Louis c. LENGTH OF STAY (In this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthonys				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pattonville d. STREET ADDRESS (If rural, give location) General Delivery			
3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) H. c. (Last) Ferguson		4. DATE OF DEATH (Month) (Day) (Year) Sept. 8, 1949		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Sept 30, 1947		9. AGE (In years last birthday) 1 Yr.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____	
11. BIRTHPLACE (State or foreign country) St. Louis County Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Harold W. Ferguson		13b. MOTHER'S MAIDEN NAME Evelyn Hargrove	
14. NAME OF HUSBAND OR WIFE _____		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 Harold W. Ferguson ADDRESS Pattonville 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia 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.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 36 (STATE) _____		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? 0800				22. I hereby certify that I attended the deceased from Sept 7 , 1949, to Sept 8 , 1949, that I last saw the deceased alive on Sept 8 , 1949, and that death occurred at 4:30 p.m. , from the causes and on the date stated above.	
23a. SIGNATURE Wm. H. ... (Degree or title) _____		23b. ADDRESS Mo. Theatre Bldg		23c. DATE SIGNED 9-8-49		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 9/10/49		24c. NAME OF CEMETERY OR CREMATORY Fee Fee Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.		25. FUNERAL DIRECTOR'S SIGNATURE J. B. Savater ADDRESS 10133 St. Chas. Rd.	
DATE REC'D BY LOCAL REG. SEP 9 1949		25. FUNERAL DIRECTOR'S SIGNATURE J. B. Savater ADDRESS Collier's Funeral Home				25. FUNERAL DIRECTOR'S SIGNATURE _____ ADDRESS _____	

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 Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address 10123 St Ches Rd

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.