

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **7529**
 Registrar's No. **1794**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 1794	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 3 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2069	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5028 Wells Avenue				d. STREET ADDRESS (If rural, give location) 5028 Wells Avenue			
3. NAME OF DECEASED (Type or Print) Charles Beverly Ferguson			a. (First) _____ b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) 2 14 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8/11/1885		9. AGE (In years last birthday) 67 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) Stockman		10b. KIND OF BUSINESS OR INDUSTRY St. L. Pub. Service		11. BIRTHPLACE (City and State or Foreign Country) Graniteville, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Charles L. Ferguson		13b. MOTHER'S MAIDEN NAME Julia Jaycox		14. NAME OF HUSBAND OR WIFE Jessie Hill 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. 493-10-7664		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Jessie Ferguson, 5028 Wells			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BRONCHOGENIC CARCINOMA ANTECEDENT CAUSES 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. ARTERIOSCLEROSIS, GENERAL					INTERVAL BETWEEN ONSET AND DEATH 2 yrs
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) _____			
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? 162X			
22. I hereby certify that I attended the deceased from April 25, 1953 to Feb. 14, 1953 , that I last saw the deceased alive on Jan 30, 1953 , and that death occurred at 1:10 PM , from the causes and on the date stated above.							
23a. SIGNATURE  (Degree or title) M.D.				23b. ADDRESS 4500 W PINE ST LOON		23c. DATE SIGNED 2-16-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2/17/53		24c. NAME OF CEMETERY OR CREMATORY Middle Brook		24d. LOCATION (City, town, or county) (State) Middle Brook, Missouri	
DATE REC'D BY LOCAL REG. FEB 16 1953		REGISTRAR'S SIGNATURE 		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ehmann-Harral 1905 Union Blvd.			

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

Albert R. Johnson Jr.

Licensed Embalmer No. 42 37

P. O. Address St. Louis

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.