

FILED SEP 21 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 31777  
Registrar's No. 8444

BIRTH NO. 56253-54 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 <b>Missouri</b> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>1mo. 5 days</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home G. Phillips</b>			d. STREET ADDRESS (If rural, give location) <b>R2 1927 Chouteau</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Maureena</b> b. (Middle) c. (Last) <b>Ferguson</b>			4. DATE OF DEATH (Month) <b>8</b> (Day) <b>26</b> (Year) <b>54</b>		
5. SEX <b>Fem.</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>0</b>	8. DATE OF BIRTH <b>7-22-54</b>	9. AGE (In years last birthday) <b>1</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>5</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo</b>	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME <b>Thelma Ferguson</b>		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)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Catherine M. Leonard</b> ADDRESS <b>RR1 2601 N. Whittier</b>	
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) <b>Birth Injury to Brain, unlocalized</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Premature birth, neonatal death</b>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>3151 X</b>			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) 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 <b>7-22-</b> , 19 <b>54</b> , to <b>8-26-</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>8-26-</b> , 19 <b>54</b> and that death occurred at <b>9:15 p m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>William H. Sickler M. D.</b>			23b. ADDRESS <b>2601 N. Whittier</b>		23c. DATE SIGNED <b>9-8-54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>9-3-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Anatomical Board</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>
DATE REC'D BY LOCAL REG. <b>SEP 15 1954</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>		FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>Rowland-Aker Mortuary Service</b> <b>4104 Manchester Ave.</b>	

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**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** .....

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

**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.