

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28364

State File No. ....

FILED SEP 7 1956

7620

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. ....

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY OR TOWN <b>St. Louis</b>	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <b>Clayton</b> <b>4452</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Barnes Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>736 South Hanley Road</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>BETTY</b>	b. (Middle) <b>DONALDSON</b>	c. (Last) <b>FERGUSON</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>8 15 56</b>
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>June 26, 1884</b>
9. AGE (In years last birthday) <b>72</b>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Dehli, Ohio</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>John Donaldson</b>	13b. MOTHER'S MAIDEN NAME <b>Frances Thornton Duke</b>	14. NAME OF HUSBAND OR WIFE <b>John David Ferguson</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Arthur H. Feuerbacher-7117 Maryland</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		ADDRESS

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Intestinal obstruction - acute.</b>	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES * This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. 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.	

19a. DATE OF OPERATION <b>8/5/56</b>	19b. MAJOR FINDINGS OF OPERATION <b>Volvulus of small intestine producing acute obstruction</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)	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 May, 1956, to death 8/15/56 that I last saw the deceased alive on 8-15-56, 1956, and that death occurred at 11 p m., from the causes and on the date stated above.

23a. SIGNATURE <b>Charles T. Duden</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>3720 Washington Ave</b>	23c. DATE SIGNED <b>8-16-56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>8-18-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>Bt. Louis County, Missouri</b>		

DATE REC'D BY LOCAL REG. <b>AUG 16 1956</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>C. R. Lupton &amp; Sons-7233 Delmar Blv'd.,</b>	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.....  
Signature of Student Embalmer

Signed..... *Arnold W. Schoene* .....

Licensed Embalmer No. *3864*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.