REC'D MAR 14 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

5012
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 791

(b) Township ..... Primary Registration District No. 1003 Registered No. 1657

(c) City Central Hospital (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Thomas F. Furey 600

(a) Residence, No. 3913 Cottage Ave. St. 11
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Nell Furey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 13, 1879

7. AGE: YEARS 58 | MONTHS 7 | DAYS 0 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Retired City
9. Industry or business in which work was done, as saw mill, bank, etc.: Employee.
10. Date deceased last worked at this occupation (month and year): Since
11. Total time (years) spent in this occupation: 18 yrs. of age

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Mo. 0

FATHER
13. NAME: Barney Furey 5
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland 9

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Dr. R. E. Owen, University Club Bldg.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary DATE: Feb. 16, 1938

19. FUNERAL DIRECTOR (ADDRESS): Bensiek-Niehaus, 1108 N. 4th Street

20. FILED FEB 15 1938 J. F. Bredeck, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2-13-38, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 9, 1938, to Feb-13, 1938
I last saw him alive on Feb-13, 1938. Death is said to have occurred on the date stated above, at 7:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Bilateral Pneumonia unspecified	2-12 1938
95 br	
Other contributory causes of importance: Bronchial Asthma with Cardiac Decompensation	1933

Name of operation: none Date of: —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify —
(Signed) R. E. Owen, M. D.
(Address) University Club Bldg

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-7-20-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, Larry M. White, Licensed Embalmer No. 3973

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. or by, Registered Apprentice No. ~~3973~~

working under my personal supervision.

Signed Larry M. White

Licensed Embalmer No. 3973

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.)