

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1929

Do not use this space.

5068

1. REJECT FOR DEATH 1938

(a) County St. Louis Registration District No. 791
 (b) Township St. Louis Primary Registration District No. 1008
 (c) City Mo (d) Street No. St. Johns Ave 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 John Furla 640
 (a) Residence, No. 3224 Henrietta St. 17 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Basilike Furla
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-15-1870
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
57 9 16

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-31-38
 22. I HEREBY CERTIFY, That I attended deceased from 5-24- 1938 to 5-31- 1938
 I last saw him alive on 5-31- 1938. Death is said to have occurred on the date stated above, at 7:45 P.M.
 The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Fruit Merchant
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

Industrial Obstruction by Adhesions
 Other contributory causes of importance
 Obstruction due to (probable) retroperitoneal malignancy.
 Date of onset 46
 Name of operation Appendectomy Date of 5-25-38
 What test confirmed diagnosis? Was there an autopsy?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greece 7

13. NAME Gus Furla 7

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greece 7

15. MAIDEN NAME Stella Furla 7

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greece

17. INFORMANT (ADDRESS) Wife Basilike Furla
3224 Henrietta

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews DATE 6/3 38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Sullivan
2849 No Euclid

20. FILED 2 1938 J.F. Budrick Local Registrar

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?
 If so, specify (Signed) Carl J. Reip M. D.
 (Address) 3664 Washington

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.

*F U P L M
Admission 301
Parker*

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

Registered Apprentice No....., working under my personal supervision.

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, above space should be left blank.