

REC'D AUG 7 1939

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

24517  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 395  
(b) Township Waverly Primary Registration District No. 1092  
(c) City Waverly (If death occurred in Hospital or Institution, write its name instead of street and number)  
(d) Street No. 1199 East 77<sup>th</sup> Registered No. 2730  
(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

(a) Residence, No. 1199 East 77<sup>th</sup> St.  (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)  
Name: Samuel Furst (Samuel Furst)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
66 11 9 days

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Missouri

FATHER 13. NAME Orabank Furst

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Paula Ulmer

15. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cincinnati, Ohio

17. INFORMANT (ADDRESS) Mrs. Nathan S. Kahn, New York City, N. Y.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph DATE July 7, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Carroll Warden, 3224 Front St. C. C. Mo.

20. FILED July 7, 1939 M. M. Brown Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6th, 1939

22. I HEREBY CERTIFY, that I attended deceased from July 1st, 1936, to July 6th, 1939  
I last saw him alive on July 6th, 1939. Death is said to have occurred on the date stated above, at 6:00 p.m.  
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis  
mitral insufficiency  
Angina Pectoris  
72 W

Date of onset 1936

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? E. K. G. 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) Joseph Getelover, M. D.  
(Address) 1219 Rialto Bldg

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.

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

Signed.....

E. P. Casey

Licensed Embalmer No. ....

1972

P. O. Address.....

3024 Troost Ave. C.

**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.**