

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 41370

Registration District No. 791

Primary Registration District No. \_\_\_\_\_

Registrar's No. 10493

1. PLACE OF DEATH:

(a) County 1  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Jewish Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days  
(Specify whether  
In this community  
years, months or days)

3. (a) PRINT FULL NAME

Ernest L. Furth 630

3. (b) If veteran,  
name war \_\_\_\_\_

3. (c) Social Security  
No. 169-10-3585

4. Sex Male  
5. Color or race Wh.

6. (a) Single, widowed, married,  
divorced Married

6. (b) Name of husband or wife  
Eleanor Furth

6. (c) Age of husband or wife if  
alive unk years

7. Birth date of deceased Dec. 27 1906  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
32 11 9 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Engineer

11. Industry or business Electrical

12. Name Henry L. Furth

13. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Heleen unknown

15. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Henry L. Furth

(b) Address 5243 Waterman Ave.

17. (a) Cremation (b) Date thereof 12-8-39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Valhalla Crematory

18. (a) Signature of funeral director Herman Rindberg

(b) Address 5216 Delmar Blvd.

19. (a) J. P. Buehler (b) \_\_\_\_\_  
(Date of local registration) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1  
(c) City or town St. Louis 12  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5243 Waterman Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 6  
year 1939 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec. 3  
Thurs, 1939, to Dec 6, 1939  
that I last saw him alive on Dec 6, 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial  
insufficiency - acute  
stomach and duodenal  
Due to Broncho-pneumonia 3 days  
Duration

Other conditions  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations Broncho-pneumonia  
Of autopsy cardiac hypertrophy  
acute valve disease (old)

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury 1  
23. Signature Verence C. Cook (M. D. or other) M.D.  
Address 2811 Grand Blvd. Date signed 12/7/39

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

Signed *Charles Cooper*  
Licensed Embalmer No. *3830*  
P. O. Address *5216 Delmar*

**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.**