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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30245

Registration District No. 491 c1 Primary Registration District No. 1003 Registrar's No. 7522

SEP 25 1940

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 13
(If outside city or town limits, write "RURAL")

(d) Street No. 5800 Arsenal St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Anna Fuhring

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Charles Fuhring

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

7. Birth date of deceased Feb. 19, 1864 (Month) (Day) (Year)

8. AGE: Years 76 Months 6 Days 17 If less than one day hr. min.

9. Birthplace Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business at home

MOTHER FATHER

12. Name Andrew Claus

13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace Germay (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Leora Odegard

(b) Address 2336 A Compton Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/9/40 (Month) (Day) (Year)

(c) Place: burial or cremation St. Mathews Cemetery

18. (a) Signature of funeral director Weick Bros. Und. Co.

(b) Address 2201 S. Grand Bl.

19. (a) SEP 7 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 6 year 1940 hour 11:15 minute 15 A. M.

21. I hereby certify that I attended the deceased from , 19 , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of Femur

Due to Collapse of Lung

Due to Fell in the Bathroom

Other conditions Fever of Obs. (Include pregnancy within 3 months of death)

Major findings: City Infirmary on

Of operations July 1st - 1940 at about 3:00 P.

Of autopsy accident

Duration

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) Accident

(b) Date of occurrence 7/1/40

(c) Where did injury occur? St. Louis (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)

While at work? (e) Means of injury Fall

23. Signature Joseph M. [illegible] (M.D. or other)

Address Deputy Coroner Date signed

(Licensed Embalmer's Statement on Reverse Side)

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. 3722

P. O. Address 412 Duchouquette St

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, fact should be so stated above.