No. 2
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5-17-39
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6456

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. 26947

FILED SEP 17 1941

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6739

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St. Louis City Hospital #1 (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 Life. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. Louis. (If outside city or town limits, write "RURAL") 24

(d) Street No. 2709 Wyoming St (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME IVY Mae Furer

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John Furer

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

7. Birth date of deceased March 18 (Month) 1891 (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
50	4	29	hr. min.

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

10. Usual occupation Housewife

11. Industry or business At Home.

FATHER
12. Name Martin Strauss
13. Birthplace Tenn. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant Della Mae Furer
(b) Address 2709 Wyoming St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 20th/41 (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews.

18. (a) Signature of funeral director Thos Kiefer & Son
(b) Address 2906 Gravois Ave.

19. (a) AUG 19 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17 year 1941 hour 8:30 minute P. M. M.

21. I hereby certify that I attended the deceased from August 16, 1941 to August 17, 1941 that I last saw her alive on August 17, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Rheumatic heart Disease with 1) Thrombosis of Left Axillary artery 2) Thrombosis of aorta 3) Infarct of Lung

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Above & bilateral Mid thigh Amputations (old)

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)
(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

23. Signature [signature] (M. D. or other)
Address City Hospital No 1 Date signed Aug 18/41

(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

Leo Budde, Registered Apprentice No.

working under my personal supervision.

Signed Leo Budde

Licensed Embalmer No. 3989

P. O. Address St. Louis,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.