

No. 2
4-13-40
5-17-39
P1 X23139

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 13 1942
1941

Registration District No. _____

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. **1003**

8572
State File No. **2547**
Registrar's No. _____

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis**
(c) Name of hospital or institution: **1024 Bittner Str.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 months**
In this community _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **John Francis Furderer**
3. (b) If veteran, name war _____ 3. (c) Social Security No. **489-10-2560**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Frances Furderer** 6. (c) Age of husband or wife if alive **69** years
7. Birth date of deceased **Aug. 29, 1887**
(Month) (Day) (Year)

8. AGE: Years **54** Months **6** Days **24** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Watchman**

11. Industry or business **National Amonia Co.**

MOTHER FATHER { 12. Name **Otto Furderer**
13. Birthplace **Illinois**
(City, town, or county) (State or foreign country)
14. Maiden name **Sarah Norton**
15. Birthplace **Louisville, Ky.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Frances Furderer**
(b) Address **1912 Benton Str.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **3/26/42**
(Month) (Day) (Year)
(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director _____
(b) Address **2117 E. Grand Blvd.**

19. (a) **MAR 24 1942** (Date received local registration) (b) **G. T. Madach** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **26**
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL")
(d) Street No. **1912 Benton Str.** (If rural, give location)
(e) If foreign born, how long in U. S. A.? **0** years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **23**
year **1942** hour **3** minute **P.M.** M.

21. I hereby certify that I attended the deceased from **March 16** 19**42** to **March 23** 19**42**
that I last saw him alive on **March 23** 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cerebral hemorrhage 6 hrs
Due to **Hypertension** ?
Due to **Arterio Sclerosis** ?
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____
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? _____
While at work _____ (Specify type of place) (e) Means of injury _____
23. Signature **R. M. Cloain** (M. D. or other) **M.D.**
Address **4356 Yarnes av.** Date signed **3/24/42**

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 *Frank A. Moore*

Licensed Embalmer No. *3041*

P. O. Address *2117 E. Grand*

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.