

FEB APR 13 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **8573**
Registrar's No. **2705**

Registration District No. _____ Primary Registration District No. **1003**

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:
1948 Provenchire Place
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME **Louisa Furrer**

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 **Married**

6. (b) Name of husband or wife **John J. Furrer** 6. (c) Age of husband or wife if alive **77** years

7. Birth date of deceased **May 27 1868**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	74	10	24	4 hr. _____ min.

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

10. Usual occupation **At Home**

11. Industry or business _____

12. Name **Robert Zanto**

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

14. Maiden name **Louisa Vetter**

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

16. (a) Informant **John J. Furrer**

(b) Address **1948 Provenchire Place**

17. (a) **Burial** (b) Date thereof **March 27 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New St. Marcus Cemetery**

18. (a) Signature of funeral director **Petz Brothers**

(b) Address **3029 Lafayette Ave**

19. (a) **MAR 26 1942** (b) **J. F. Gedeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **24**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **1948 Provenchire Place**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **24th** day **March**
year **1942** hour **11:35** minute **A.** M.

21. I hereby certify that I attended the deceased from **Dec 6 1941**
to **Mar 24 1942**
that I last saw **her** alive on **Mar 23 1942**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Parenchymatous**
131
Due to _____
Due to _____
Other conditions **Chronic Infectious**
(Include pregnancy within 3 months of death)
Major findings **Chronic Infectious**
Of operations **none**
Of autopsy **no**
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) **no**
(b) Date of occurrence **none**
(c) Where did injury occur? **none**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
none

While at work? _____ (Specify type of place)
(e) Means of injury **none**

23. Signature **Wm. J. Harman** (M. D. or other) _____
Address **2239 1/2 Grand** Date signed **3-25-42**

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

20
17
9

Dr. Hartmann
2739 N. Grand Bldg.
Rm. 1800

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 J. Owens

Licensed Embalmer No. 2245

P. O. Address St. Louis, Mo.

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.