

S. No. 2
M-9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 17 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

8574
State File No.
Registrar's No. **3006**

Registration District No. Primary Registration District No.

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

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Mo. Pacific Hospital**
(If not in hospital or institution, write street number or location) **0**
(d) Length of stay: In hospital or institution **5 months**
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Kansas** (b) County **Atchison** **999**
(c) City or town **Atchison** **140**
(If outside city or town limits, write "RURAL") **NR.**
(d) Street No. **1237 Kansas Ave.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country. **2**

3. (a) PRINT FULL NAME **FRANK FURST**
(b) If veteran, name war _____ (c) Social Security No. **702-14-3299**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **2**
year **1942** hour **3** minute **40 P.M.**

4. Sex **Male** 0 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Maude Furst**
6. (c) Age of husband or wife if alive **64** years
7. Birth date of deceased **November 9, 1872**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **10/20/41**, 19____ to **4/2/42**, 19____;
that I last saw him alive on **4/2/42**, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death: **Repetitional Myofibrosarcoma** **15 Months**
Duration

8. AGE: Years **69** Months **4** Days **23** If less than one day
hr. _____ min. _____

Due to **H/W**
Due to **H/W**

9. Birthplace **Kewanee** | **Illinois**
(City, town, or county) (State or foreign country)
10. Usual occupation **Retired R.R. Conductor**

Other conditions _____
(Include pregnancy within 3 months of death)

MOTHER FATHER
11. Industry or business _____
12. Name **August Furst**
13. Birthplace **Kewanee** | **Illinois**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)

Major findings: **Repetitional Myofibrosarcoma**
Of operations _____
Of autopsy **None**
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. Maude Furst**
(b) Address **Atchison, Kansas**
17. (a) **Removal** (b) Date thereof **4-3-1942**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Atchison, Kansas**
18. (a) Signature of funeral director **Albert H. Hoppe Inc.**
(b) Address **4700 Washington Blvd.**
APR 3 1942
19. (a) **J. F. Beedeck** (b) **J. F. Beedeck**
(Date received local registrar) (Registrar's signature)

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 **Charles C. Duace** (M. D. or other) **4/2/42**
Address **Mo. Pacific Hospital** Date signed

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..... *G. W. Wilkin*
Licensed Embalmer No..... *3575*

P. O. Address.....

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.