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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. 11390

FILED APR 15 1943

Registration District No. 17

Primary Registration District No. 112

Registrar's No. 671

**1. PLACE OF DEATH:**

(a) County St. Louis

(b) City or town Rock Hill, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2939 Green Top Court /
(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)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 000 11

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 1719 S. Ninth St.
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Delila B. Furlin (Furling)

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 Widowed 2

6. (b) Name of husband or wife John

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

7. Birth date of deceased October 19, 1862
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 80 | 5 | 1 | hr. ..... min. |

9. Birthplace Catawissa (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name John Phillips
13. Birthplace ..... (City, town, or county) Tennessee (State or foreign country) /

MOTHER
14. Maiden name Sarah A. Whitehead
15. Birthplace ..... (City, town, or county) Virginia (State or foreign country) /

16. (a) Informant Mable DeSoto

(b) Address 2939 Green Top Court, Rock Hill Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/23/43 (Month) (Day) (Year)

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

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) MAR 23 1943 (Date received local registrar) (b) [signature] (Registrar's signature) WB

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 20
year 1943 hour 11.00 A.M. minute ..... M.

21. I hereby certify that I attended the deceased from Aug 42 to Tu 3/20 1943, to ....., 19....
that I last saw her alive on 3/13, 43, 19....
and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| acute myocarditis | 6 mos. |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations .....
Of autopsy .....

93a

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 L. R. Wentzel (M. D. or other) MD

Address 2756 Chouteau Ave Date signed 3/22/43

(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.....1284

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.**