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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33093

State File No. \_\_\_\_\_

Registration District No. **318**

Primary Registration District No. \_\_\_\_\_

Registrar's No. **9275**

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:  
City Infirmary  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether

In this community life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

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

(d) Street No. 226a Victor  
(If rural, give location)

(e) Citizen of foreign country? American (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Furlong, Mary L.

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 Divorced widow

6. (b) Name of husband or wife Stephan Furlong 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Mar. 10, 1851  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

92	7	9	_____ hr. _____ min.
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9. Birthplace St. Charles, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant C. Hannon

(b) Address 5800 Arsenal St.

17. (a) Burial (b) Date thereof Oct. 22, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Weick Bros.

(b) Address 2291 So. Grand Blvd.

19. (a) \_\_\_\_\_ (b) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 19th  
year 1943 hour 10:10 a.m. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Oct 1  
1943 to Oct. 19, 1943  
that I last saw her alive on Oct. 19, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerotic heart disease  
Duration several years

Due to Arteriosclerosis many years

Other conditions Calcification of Mitral valve, marked arteriosclerosis

Major findings: Of operations \_\_\_\_\_  
Of autopsy Calcification of Mitral valve, marked arteriosclerosis

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) Manner of injury \_\_\_\_\_

23. Signature J. F. Bredek (M. D. or other) MD  
Address 5800 Arsenal Date signed 10/20/43

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

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**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.....

*V. Morris*

Licensed Embalmer No.

*3360*

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.**