S. No. 2
DM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 3 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4247

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1580

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:
2314 No. 10 Str. 1
(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: 000
(a) State Missouri (b) County 17
(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")
(d) Street No. 2314 No. 10 Str. 26
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Otto E. Furderer
3. (b) If veteran, name war World #1
3. (c) Social Security No. 488-03-0685
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Mary Ann Furderer
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased July 15, 1892 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
✓ 52	7	2	hr. min.

9. Birthplace St. Louis, Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation Chauffeur
11. Industry or business Trucking
FATHER
12. Name Otto Furderer
13. Birthplace Illinois 1 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Sarah Norton
15. Birthplace Kentucky 1 (City, town, or county) (State or foreign country)
16. (a) Informant Mary Ann Furderer
(b) Address 2314 No. 14 Str.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/20/45 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director W. A. Stock
(b) Address 2117 E. Grand Blvd.
19. (a) FEB 19 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 17
year 1945 hour 12 minute 01 A. M.
21. I hereby certify that I attended the deceased from December 11, 1944 to February 1945
that I last saw him alive on February 16, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	1 day
Due to Chronic nephritis +	?
General arteriosclerosis	2
Due to	
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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature Arthur Gudlow (M. D. or other) M.D.
Address 2202 University St. Date signed 2/17/45

(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 Frank A. [illegible]

Licensed Embalmer No. 3041

P. O. Address 2117 E. [illegible]

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.