

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

FILED MAY 14 1948
Registration District No. 1978

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
 (c) Name of hospital or institution:
5745 Winona Ave.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community Years
 years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gas
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5745 Winona Ave.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME LOUISE FURER
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7
 year 1947 hour 12:50 minute _____
 21. I hereby certify that I attended the deceased from 1910
 19____ to 1947 19____
 that I last saw her alive on May 6 1948
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Fred Furer
 6. (c) Age of husband or wife if alive 69 years
 7. Birth date of deceased July 1 1879
 (Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage
 Duration 2 1/2 hours
 Due to arteriosclerosis
 Due to _____

8. AGE: Years Months Days If less than one day
67 10 6 _____ hr. _____ min.

Other conditions Chronic Myocarditis
 (Include pregnancy within 3 months of death)

9. Birthplace Leavenworth Kan
 (City, town, or county) (State or foreign country)

PHYSICIAN _____
 Major findings: _____
 Of operations _____
 Of autopsy no
 Underline the cause to which death should be charged statistically.

10. Usual occupation Housewife

11. Industry or business Own Home
 12. Name George Faerber
 13. Birthplace Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

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)

16. (a) Informant Fred Furer
 (b) Address 5745 Winona Ave.

While at work? _____ Means of injury 0
 23. Signature Chas J Thomas (M. D. or other)
 Address 644 Fresno Blvd Date signed 5-14-48

17. (a) Burial (b) Date thereof May 10 1947
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cemetery
C. Hollmeister Colonial Mortuary
 18. (a) Signature of funeral director _____
 (b) Address 6464 Chippewa St.
 19. (a) MAY 9 1948 (b) J. F. Bredeck
 (Date received local registration) (Registrar's signature)

Dr. C. S. Thomas
906 Olive St.

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 *Harry J. Schumacher*
Licensed Embalmer No. *2679*
P. O. Address *7814 S. Broadway*

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.