S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 4 1947 #77156

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 32516

Registrar's No. 8845

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 Days (Specify whether years, months or days)

In this community 35 yrs

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. 158A St. George
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME HENRY FURLONG

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Hilda

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased February 27, 1884
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
63	6	21	hr. min.

9. Birthplace St. Charles Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Watchman

11. Industry or business

FATHER
12. Name Stephen Furlong
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Oberschion
15. Birthplace St. Charles Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Hilda Furlong
(b) Address 158A St. George St., St. Louis

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-22-47 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cem. St. Louis

18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2301 Lafayette Ave. St. Louis Mo.

19. (a) SEP 22 1947 (Date received local registrar) (b) J. P. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 18th year 1947 hour 7:34 minute P M.

21. I hereby certify that I attended the deceased from 9/3/47, 19..., to Sept. 18th 19 47 that I last saw him alive on Sept. 18th 19 47 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic alcoholism	
Due to: with alcoholic psychosis and cerebral degeneration	months
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
Of autopsy: Not done

PHYSICIAN — Underline the cause of 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 Robert L. Gilbert (M. D. or other) MD
Address 1515 Lafayette Date signed 9/19/47

Jefferson City Printing Co.

(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 W. C. Cooper

Licensed Embalmer No. 3820

P. O. Address 2301 Lafayette

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.