S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40437

FILED NOV 18 1947

Registration District No. 1947

Primary Registration District No. 2002

Registrar's No. 9342

96
3
5

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Residence - 7161 Delmar Blv'd.,
(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 St. Louis 96
(c) City or town University City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 7161 Delmar Blv'd., 5
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME Dr. ROBERT D. FURLONG
3. (b) If veteran, name war World War #2
3. (c) Social Security No. None
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Dr. Frances Stewart Furlong
6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased September (Month) 2 (Day) 1911 (Year)

8. AGE:	Years	Months	Days	If less than one day
	36	1	22	..... hr. ..... min.

9. Birthplace East St. Louis (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Physician
11. Industry or business .....
FATHER
12. Name Joseph F. Furlong
13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0
MOTHER
14. Maiden name Anna Elizabeth Priester
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0
16. (a) Informant Dr. Frances S. Furlong
(b) Address 7161 Delmar Blv'd., U. City
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10-27-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director C. R. Lupton & Sons
(b) Address 7233 Delmar Blv'd., U. City, Mo.
19. (a) 11-13-47 (Date received local registrar) (b) Cecil A. Shaw MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 24th year 1947 hour 4:30 minute P. M.
21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion 94a	
Due to	
Due to 94a	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy occlusion anterior descending branch L Coronary artery

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) 0
While at work? ..... (e) Means of injury .....
23. Signature Cecil A. L. Shaw (M. D. or other)
Address Commissioner of Health Date signed 11-13-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

MAR 9 1948

NOV 19 1947

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 Harold E. Kirk, Registered Apprentice No. 4, working under my personal supervision.

Signed Clarence H. Murray

Licensed Embalmer No. 4011

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.