

No. 2  
-12-45  
5-17-39  
X4707

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40461

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

FILED DEC 8 1947

Registration District No. 517

Primary Registration District No. 6076

Registrar's No. 2480

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Overland  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2985 Kincaid Avenue.  
(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

3. (a) PRINT FULL NAME Marie A. Fuerst.

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Charles Fuerst. 6. (c) Age of husband or wife if alive Dec'd. years

7. Birth date of deceased March 20, 1883.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
64 8 10 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Portage De Sioux, Missouri.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

12. Name Wallace Gowan.

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

14. Maiden name Catherine Eiler.  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Geraldine Bowen.

(b) Address 2985 Kincaid Avenue.

17. (a) Burial (b) Date thereof 12-3-1947.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Charles Borromeo

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.

(b) Address 6966-68 Easton Avenue.

19. (a) 12-2-47 (b) Bevila Klapp  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
Overland  
(c) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2985 Kincaid Avenue.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 30th.  
year 1947 hour 3.05 P.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Sept 1944 to Dec 1947  
that I last saw her alive on Nov 30 and that death occurred on the date and hour stated above

Immediate cause of death Coronary Occlusion Duration 24 hrs.  
Chronic Myocarditis 8 yrs  
Due to 939

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? Cem.

While at work \_\_\_\_\_ Means of injury \_\_\_\_\_

23. Signature Dr. G. G. Snyder (Dr. D. or other) 2  
Address 2573 Woodson Date signed Dec 1

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

MOTHER FATHER

Dr. J.F.Snyder.  
2573 Woodson Road.  
Hours 1.30 to 5.30 P.M.  
Winfield 1662

---

---

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

*Clement McQuay*

Licensed Embalmer No. *3732*

P. O. Address *St. Louis*

**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.