

No. 300  
-10-47  
-17-39  
-I 3905

FILED OCT 23 1948 318  
Registration District No.

Primary Registration District No. 1003

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

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:  
4030 A. Flad Ave  
(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 Andrew L. Fuerst  
3. (b) If veteran, name war \*\*\*\*\*  
3. (c) Social Security No. 489-01-7668

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced, Married  
6. (b) Name of husband or wife Eva Fuerst  
6. (c) Age of husband or wife if alive 63 years  
7. Birth date of deceased September 30th, 1882  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
66 0 15 hr. min.

9. Birthplace Hungary  
(City, town, or county) (State or foreign country) 4

10. Usual occupation Butcher

11. Industry or business Retired

MOTHER FATHER {  
12. Name Karl Fuerst  
13. Birthplace Hungary  
(City, town, or county) (State or foreign country) 4  
14. Maiden name Thresa Nobel  
15. Birthplace Hungary  
(City, town, or county) (State or foreign country) 4

16. (a) Informant Eva Fuerst  
(b) Address 4030a. Flad Ave

17. (a) Burial (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Ziegler's Buss.  
(b) Address 6409 Gravois Ave

19. (a) OCT 16 1948 (Date received)  
J. B. Foster (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4030 A. Flad Ave  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 15th day October  
year 1948 hour 2 minute 15 A.M.  
21. I hereby certify that I attended the deceased from April 1  
1947 to Oct 15 1948  
that I last saw h. l. m. alive on 10-14 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary adenocarcinoma Duration 18 months  
Due to \_\_\_\_\_  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature Edward J. Berger (M. D. or other) \_\_\_\_\_  
Address 440 N. T. A. Bldg Date signed 10-15-48

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**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.....

*Henry W. Brammer*

Licensed Embalmer No.....

*4200*

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.**