

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **35055**  
Registrar's No. **8151**

FILED NOV 3 1951

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>8151</b>	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>4 dys</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Richmond Heights 4485</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St John's Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>1005 Yale Ave</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>George</b>			b. (Middle) <b>G</b>		c. (Last) <b>Furla</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 10 1951</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Oct 1st, 1877</b>		9. AGE (In years last birthday) <b>73</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>9</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Produce Merchant</b>		11. BIRTHPLACE (State or foreign country) <b>Greece</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Constaine Furla</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Anita Furla</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Anita Furla</b> ADDRESS <b>1005 Yale Ave</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Calcular Heart Disease</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Pleurisy with effusions.</b>						INTERVAL BETWEEN ONSET AND DEATH <b>1 yr.</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Asst. H</b>			
22. I hereby certify that I attended the deceased from <b>7-6-48</b> , 19____, to <b>Sept 10</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>Sept 9</b> , 19 <b>51</b> , and that death occurred at <b>12:20 Am.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>GIRARD A MUNSCH (Degree or title)</b> <b>Samuel A. Munsch M.D.</b>				23b. ADDRESS <b>334 Myranee, Clayton Mo.</b>		23c. DATE SIGNED <b>9-13-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Sept 14, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St Matthews</b>		24d. LOCATION (City, town, of county) (State) <b>St. Louis Mo</b>		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>SEP 14 1951</b> <b>J. Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Bensieck-Nickhaus</b>		ADDRESS <b>1431 Union Bl</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed W. H. Nichols.....

Licensed Embalmer No. 2915.....

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.