

FILED JAN 26 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **2809**  
441  
Registrar's No. **0441**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
c. LENGTH OF STAY (in this place) <b>0-WKS.</b>		d. STREET ADDRESS (If rural, give location) <b>221 N. Grand Blvd.</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Desloge Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Reverend John</b> b. (Middle) <b>B.</b> c. (Last) <b>Furay S.J.</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 14, 1952</b>		
5. SEX <b>M. 0</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>S. 0</b>	8. DATE OF BIRTH <b>Mar. 25, 1873</b>	9. AGE (In years last birthday) <b>78</b>	IF UNDER 1 YEAR Months <b>9</b> Days <b>19</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Catholic Priest</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Nebraska</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>					

13a. FATHER'S NAME <b>John D. Furay</b>		13b. MOTHER'S MAIDEN NAME <b>Catherine McShane</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Rev. Valentine J. Roche, S.J. 221 N. Grand Blvd.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Stomach</b>			INTERVAL BETWEEN ONSET AND DEATH <b>6 mo</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.			

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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>157X</b>	

22. I hereby certify that I attended the deceased from Oct 1951, to Jan 14, 1952, that I last saw the deceased alive on 1-13, 1952, and that death occurred at 10:45 AM from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Thomas M. Martin MD</b>		23b. ADDRESS <b>634 No Grand</b>		23c. DATE SIGNED <b>1-15-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Jan. 18, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Stanislaus Seminary</b>	
				24d. LOCATION (City, town, or county) (State) <b>Florissant, Mo.</b>	

DATE REC'D BY LOCAL REG. <b>JAN 15 1952</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Arthur J. Donnelly 3840 Lindell Blvd.</b>	
--	--	--	--	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

**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 *[Signature]*

Licensed Embalmer No. 4699

P. O. Address *[Signature]*

**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.