

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 308 PRIMARY REG. DIST. NO. 6049 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>St Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ferme range Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ferme range 0930</u>	
c. LENGTH OF STAY (In this place) <u>10 yr</u>		d. STREET ADDRESS (If rural, give location) <u>R.R. Augusta Mo</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LAURA</u> b. (Middle) <u>C.</u> c. (Last) <u>FUERMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 11-53</u>		
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Mar. 13-1890</u>	9. AGE (In years last birthday) <u>62</u>	10. KIND OF BUSINESS OR INDUSTRY <u>Handwork</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Handwork</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Narrow Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Wm Breibann</u>	13b. MOTHER'S MAIDEN NAME <u>Michaux</u>	14. NAME OF HUSBAND OR WIFE <u>Arthur</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Wm Fierman</u> ADDRESS <u>Northville Mo</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>coronary artery disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>2 years</u> <u>10 years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>general arteriosclerosis</u>		
	DUE TO (c) <u>4201</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Thrombophlebitis</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from Sept 1, 1943, to Feb 11, 1953, that I last saw the deceased alive on Feb 1, 1953, and that death occurred at 1 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Northville Mo</u>	23c. DATE SIGNED <u>2-13-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-14-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ferme range c</u>	24d. LOCATION (City, town, or county) (State) <u>Ferme range Mo</u>
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DATE REC'D BY LOCAL REG. <u>2-14-52</u>	REGISTRAR'S SIGNATURE <u>Miss Viola Fierman</u> 371-12	25. FUNERAL DIRECTOR'S SIGNATURE <u>Olie Thiering</u> ADDRESS <u>Augusta Mo</u>
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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 Howard O. Kessler

Licensed Embalmer No. 4631

P. O. Address Westerville, 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.