

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **33235**

FILED SEP 24 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8581**

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE ILLINOIS b. COUNTY MADISON					
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis Mo		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) STATE TARK PLACE		d. STREET ADDRESS (If rural, give location) 3200 PRINCETON AVE. 8120			
d. FULL NAME OF HOSPITAL OR INSTITUTION Oak Lane Memorial									
3. NAME OF DECEASED (Type or Print) Louis		b. (Middle) Furmanek		c. (Last) Furmanek		4. DATE OF DEATH (Month) (Day) (Year) 9 2 53			
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SEPARATED		8. DATE OF BIRTH Dec. 30, 1888		9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) 64 8 4			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE MAVER		10b. KIND OF BUSINESS OR INDUSTRY RETIRED		11. BIRTHPLACE (City and State or Foreign Country) POLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A			
13a. FATHER'S NAME JOSEPH FURMANEK		13b. MOTHER'S MAIDEN NAME KATHERINE ZADKWA		14. NAME OF HUSBAND OR WIFE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Edi Furmanek		ADDRESS			
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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Enlargement of heart				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension					
				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) 443 X					
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?					
22. I hereby certify that I attended the deceased from Aug. 25 , 19 53 , to Sept. 2 , 19 53 , that I last saw the deceased alive on Sept. 2 , 19 53 , and that death occurred at 7:25P m. , from the causes and on the date stated above.									
23a. SIGNATURE Francis J. Smiddy MD				23b. ADDRESS 4930 Lindell Blvd.		23c. DATE SIGNED 9-3-53			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Sept. 5 1953		24c. NAME OF CEMETERY OR CREMATORY ST. ADALBERT		24d. LOCATION (City, town, or county) (State) CANTEN TOWNSHIP ILL.			
DATE REC'D BY LOCAL REGISTRY SEP 3 1953		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS William Agonicki E. St. Louis Ill.					

(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

Albert J. Lopez
2671

Licensed Embalmer No. _____

P. O. Address _____

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.