

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6194**
Registrar's No. **1133**

BIRTH NO. **FILED MAR 4 1954** 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)	
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis, Missouri		c. LENGTH OF STAY (In this place) 63 YRS.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital		e. STREET ADDRESS (If rural, give location) 10 4153 = Glasgow Av. 2109	

3. NAME OF DECEASED (Type or Print)	a. (First) Alfred	b. (Middle) P.	c. (Last) Fuhrig	4. DATE OF DEATH (Month) (Day) (Year) FEB 4 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 2, 1878	9. AGE (In years last birthday) (Month) (Day) (Year) 76
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED PACKER	10b. KIND OF BUSINESS OR INDUSTRY DRY GOODS	11. BIRTHPLACE (City and State or Foreign Country) GERMANY	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME AUGUST FUHRIG	13b. MOTHER'S MAIDEN NAME ANNA DINTER	14. NAME OF HUSBAND OR WIFE MARY FUHRIG
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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) NO	16. SOCIAL SECURITY NO. 489-07-2073	17. INFORMANT'S SIGNATURE OR NAME Mary Fuhrig	ADDRESS 4153 Glasgow Av.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular accident		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive heart disease		
	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"/>
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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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 443X
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22. I hereby certify that I attended the deceased from **2-1-54**, 19**54**, to **2-6-54**, 19**54**, that I last saw the deceased alive on **2-6-54**, 19**54**, and that death occurred at **6:15 AM**, from the causes and on the date stated above.

23a. SIGNATURE Earl R. Allen M.P.	(Degree or title)	23b. ADDRESS 1515 Lafayette Av.	23c. DATE SIGNED 2-5-1954
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 2-6-54	24c. NAME OF CEMETERY OR CREMATORY FRIEDENS CEMETERY	24d. LOCATION (City, town, or county) (State) ST. LOUIS MO
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DATE REC'D BY LOCAL REG. FEB 5 1954	REGISTRAR'S SIGNATURE J. Earl Smith	25. FUNERAL DIRECTOR'S SIGNATURE W. Suedman + Sons	ADDRESS 3934 N. 20th
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(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.....
Signature of Student Embalmer

Signed *Gustav W. Dietrich*

Licensed Embalmer No. *43*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.