

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**10039**

State File No. ....

**2688**

BIRTH FILED **MAR 21 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. ....

<b>1. PLACE OF DEATH</b> a. COUNTY		<b>2. USUAL RESIDENCE</b> (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) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>Life</b>		e. STREET ADDRESS (If rural, give location) <b>4942 Arlington Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4942 Arlington Ave.</b>		7	
<b>3. NAME OF DECEASED</b> (Type or Print) <b>Freida Furey</b>		a. (First)	b. (Middle)
a. (First)		c. (Last)	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>March 23, 1954</b>
<b>5. SEX</b> <b>F.</b>	<b>6. COLOR OR RACE</b> <b>W.</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>M.</b>	<b>8. DATE OF BIRTH</b> <b>Feb. 13, 1884</b>
9. AGE (In years last birthday) <b>70</b>	IF UNDER 1 YEAR Months <b>10</b>	IF UNDER 4 HRS. Hours <b>10</b>	IF UNDER 4 HRS. Min.
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>St. Louis, Mo.</b>
<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.</b>		<b>13a. FATHER'S NAME</b> <b>Fred Von Hahn</b>	
<b>13b. MOTHER'S MAIDEN NAME</b> <b>Emma Eiseu</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Mr. John Furey</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Mr. John Furey, 4942 Arlington Ave.</b>
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Melanoma with metastases</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 yrs.</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.		*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	
<b>19a. DATE OF OPERATION</b> <b>1950</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>As Above</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>190X</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from</b> <u>1950</u> , to <u>3/13</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>3/14</u> , 19 <u>54</u> , and that death occurred at <u>12:15 Pm</u> , from the causes and on the date stated above.			
<b>23a. SIGNATURE</b> (Degree or title) <b>George A. Carron M.D.</b>		<b>23b. ADDRESS</b> <b>607 N. Grand</b>	<b>23c. DATE SIGNED</b> <b>3/24/54</b>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>Mar. 26, 1954</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Calvary Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis, Mo.</b>
<b>DATE REC'D BY LOCAL REG.</b> <b>MAR 24 1954</b>	<b>REGISTRAR'S SIGNATURE</b> <i>Carl Smith</i>	<b>FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <i>Arthur J. Donnelly</i> 3840 Lindell Blvd.	

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.....  
Signature of Student Embalmer

Signed *Francis Williamson*

Licensed Embalmer No. *356*

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.