

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23751

FILED AUG 2 - 1955

State File No. _____
Registrar's No. **5801**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 5801	
1. PLACE OF DEATH a. COUNTY 2009				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri, b. COUNTY 2159			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, 0		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis,		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Hospital,				STREET ADDRESS (If rural, give location) 15 2901 Meramec St.,			
3. NAME OF DECEASED (Type or Print) a. (First) Infant b. (Middle) John Louis c. (Last) Fuerst,			4. DATE OF DEATH (Month) (Day) (Year) July 4, 1955.				
5. SEX Male. d		6. COLOR OR RACE White,		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single. c		8. DATE OF BIRTH July 4, 1955	
9. AGE (In years last birthday) 0		IF UNDER 1 YEAR Months 0		IF UNDER 24 HRS. Hours 0 Min. 2		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri. c	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant				10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Louis Francis Fuerst			13b. MOTHER'S MAIDEN NAME Dolores A. Lehr,			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) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Louis Francis Fuerst, 2901 Meramec St.,			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anoxia @ E previable prematurity (30 wks) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Premature separation of placenta DUE TO (c) Placenta circumvallat. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no.		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR? 7615	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from 3:10 am 7/4/55 , to 5:35 am 7/4, 1955 , that I last saw the deceased alive on 7/4/55 , 19____, and that death occurred at 5:35 A m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Wm. J. Walcott M.D.			23b. ADDRESS 3804 W. Winthrop St.			23c. DATE SIGNED 7-5-55.	
24a. BURIAL, CREMATION, REMOVAL, REMOVAL (Specify) Removal.		24b. DATE 7/6/55		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery,		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. JUL 6 1955		REGISTRAR'S SIGNATURE J. Cash Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gebken-Benz Mortuary, 2842 Meramec St., St. Louis, 18.		M.D.	

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..

NO EMBALMING.

Student.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 42

2842 Meramec St.,
P. O. Address.. St., Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.