Health, & Welfare Public Service

5. 300 (7) 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 23 1957

STATE FILE NUMBER 33525

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8549

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN ST. LOUIS, MO. Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP. #1. Length of stay in 1b 23

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN St.Louis Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 1923 So.9th (If outside, give location) Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First SARAH Middle JANE Last FURLONGH

4. DATE OF DEATH Month SEPT. Day 10 Year 1957

5. SEX Female **6. COLOR OR RACE** White **7. MARRIED** ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH Feb 5 1888 **9. AGE** (In years last birthday) 69 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Housewife **10b. KIND OF BUSINESS OR INDUSTRY** Home **11. BIRTHPLACE** (City and state or country) Oklahoma **12. CITIZEN OF WHAT COUNTRY?** USA

13a. FATHER'S NAME Butler Matthew **13b. MOTHER'S MAIDEN NAME** Lidia Unknown **14. NAME OF HUSBAND OR WIFE** Thomas J Furlongh

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) **16. SOCIAL SECURITY NO.** 492 32 7881 **17. INFORMANT** Thomas J.Furlongh Address 1923 So.9th

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary embolism — INTERVAL BETWEEN ONSET AND DEATH: instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Saphenous thrombophlebitis
DUE TO (c) 463x
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic Heart Disease & Myocardial infarction

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐ **20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ **20e. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) **20f. CITY, TOWN, OR LOCATION** COUNTY STATE

21. I attended the deceased from 9/4/57 to 9/10/57 and last saw her/him alive on 9/10/57
Death occurred at 3:42 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Leroy F. Artmeyer (Degree or title) M.D. **22b. ADDRESS** 1515 LAFAYETTE AVE. **22c. DATE SIGNED** 9/11/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial **23b. DATE** Sep 13 57 **23c. NAME OF CEMETERY OR CREMATORY** St. Mathews Cemetery **23d. LOCATION** (City, town, or county) St.Louis (State) Missouri

24. FUNERAL DIRECTOR E.J.Schnue **ADDRESS** 3125 Lafayette **25. DATE RECD. BY LOCAL REG.** SEP 12 57 **26. REGISTRAR'S SIGNATURE** J. Earl Smith, M.D. M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 Thomas R. Jenovik

Licensed Embalmer No. 3793

P. O. Address 3125 Lafayette

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.