

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027641
STATE FILE NUMBER

FILED JUL 24 1958 Registration District No. 3-17 Primary Registration District No. 547 547 Registrar's No. 1833

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1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Oleatton Richmond Hts.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital		Length of stay in lb 5 months	d. STREET ADDRESS (If outside, give location) 4124 Botanical Avenue Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ELLA Middle J. Last FURTNEY			4. DATE OF DEATH Month July Day 9 Year 1958
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 18, 1885
9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) clerk		10b. KIND OF BUSINESS OR INDUSTRY dry goods	11. BIRTHPLACE (City and state or country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Henry B. Eveker	
13b. MOTHER'S MAIDEN NAME Anna Nettler		14. NAME OF HUSBAND OR WIFE Martin R. Furtney	
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. 494-24-2514	17. INFORMANT Mrs. Harold W. Neusitz, Jr. Address 1100 Timberlane Dr

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Schurman Carcinoma of Breast**
INTERVAL BETWEEN ONSET AND DEATH **1 2 yrs.**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
170X

19. WAS AUTOPSY PERFORMED?
YES NO **2**

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 _____ Month _____ Day _____ Year _____
a.m. _____ p.m. _____

20d. INJURY OCCURRED WHILE AT 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 **1956** to **July 9 1958** and last saw her alive on **July 8, 1958**
Death occurred at **2:00 A.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
John J. Donke M.D.

22b. ADDRESS
5203 Chippewa

22c. DATE SIGNED
7-10-58

23a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

23b. DATE
July 11, 1958

23c. NAME OF CEMETERY OR CREMATORY
Calvary Cemetery

23d. LOCATION (City, town, or county) (State)
St. Louis, Missouri

24. FUNERAL DIRECTOR ADDRESS
BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave

25. DATE RECD. BY LOCAL REG.
7-10-58

26. REGISTRAR'S SIGNATURE
Herbert P. Donke M.D.

All diseases in Part I must be causally related.

Secondary voluntary enteric fever use only - secondary enteric fever use only - No symptoms with or without.

Dr. John Inkley

6344 Devonshire Ave.
at 2 PM sure Thursday

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

Homer W. Dewitz

Licensed Embalmer No. 3882

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.