

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-030404
STATE FILE NUMBER

FILED AUG 28 1958 Registration District No. 318 Primary Registration District 1003 Registrar's No. 8144

300
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>St. Louis</i> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. ANTHONY'S HOSPITAL</i>		Length of stay in lb <i>2/49</i>	d. STREET ADDRESS (If outside, give location) <i>5745 WINONA</i> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>FRED</i> Middle Last <i>FURER</i>			4. DATE OF DEATH Month <i>Aug.</i> Day <i>19</i> Year <i>1958</i>
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Nov. 22, 1876</i>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>RETIRED</i>		9b. KIND OF BUSINESS OR INDUSTRY <i>JEWELER</i>	9. AGE (In years last birthday) <i>81</i> 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) <i>RETIRED</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>JEWELER</i>	11. BIRTHPLACE (City and state or country) <i>SWITZERLAND</i>
12a. FATHER'S NAME <i>NOT KNOWN</i>		12b. MOTHER'S MAIDEN NAME <i>NOT KNOWN</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13a. FATHER'S NAME <i>NOT KNOWN</i>		13b. MOTHER'S MAIDEN NAME <i>NOT KNOWN</i>	14. NAME OF HUSBAND OR WIFE <i>LOUISA</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)		16. SOCIAL SECURITY NO. <i>---</i>	17. INFORMANT <i>CHARLES WILEY</i> Address <i>5751 THOLOZAN</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>myocardial infarction</i>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (b). DUE TO (b) _____			420.1
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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 WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <i>8-18</i> to <i>8-19</i> and last saw him alive on <i>8-19-1958</i> Death occurred at <i>7:30 AM</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Jamal Furber MD</i> (Degree or title)		22b. ADDRESS <i>2314 Tennyson Rd. Ly20 Mo.</i>	22c. DATE SIGNED <i>8-20</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i>	23b. DATE <i>8/22/1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>PARK LAWN CEMETERY</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis Co., Mo.</i>
24. FUNERAL DIRECTOR <i>J L ZIEGENHEIN & SONS</i>		25. DATE RECD. BY LOCAL REG. <i>AUG 21 '58</i>	26. REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Donald E. Bing*

Licensed Embalmer No. *4863*

P. O. Address *7017 Haven*

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.