

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-041578

STATE FILE NUMBER

FILED DEC 9 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

11452

300
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri		c. CITY OR TOWN St. Louis	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4301 DeSoto Avenue		d. STREET ADDRESS (If outside, give location) 4301 DeSoto Ave.,	
Length of stay in lb Years 1, 99		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ANNA Middle FURER Last FURER		4. DATE OF DEATH Month November Day 27 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 October 3, 1878
9. AGE (In years last birthday) 80	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) Home Maker		10b. KIND OF BUSINESS OR INDUSTRY At Home	
11. BIRTHPLACE (City and state or country) St. Louis, Mo. C		12. CITIZEN OF WHAT COUNTRY? U.S.A.,	
13a. FATHER'S NAME Fred Lolbach		13b. MOTHER'S MAIDEN NAME Martha C. Rodgers	
14. NAME OF HUSBAND OR WIFE Rudolph Furer, (Deceased)			
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. Unknown	
17. INFORMANT Miss Rose Furer, 4301 DeSoto, Avenue.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis			INTERVAL BETWEEN ONSET AND DEATH 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Gen. arterio sclerosis			
DUE TO (c) 332X			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 May 19, 1955 to Nov 27, '58 and last saw her alive on Nov 26, 1958 Death occurred at 9:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE N.H. Presner (Degree or title)		22b. ADDRESS 6000 W. Florissant	
22c. DATE SIGNED #28-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-29-1958.	
23c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery.		23d. LOCATION (City, town, or county) (State) St. Louis, Missouri.	
24. FUNERAL DIRECTOR Math. Hermann & Son Inc. 2161 E. Fair Ave.,		25. DATE RECD. BY LOCAL REG. NOV 28 '58	
26. REGISTRAR'S SIGNATURE Carl Smith MD m8B			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *W. G. M. Burnley*

Licensed Embalmer No. *4707*

P. O. Address *H. Town*

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.