

FILED DEC 22 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

11943

300
1-57

OK

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

| | | | |
|--|--|--|---|
| 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 915 N. GRAND ST. LOUIS, MO. | | 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"/> | | d. STREET ADDRESS E (If outside, give location) 638 RED BUD AVENUE | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADMIN HOSPITAL | | Length of stay in 1b 111 Days | 35 |
| 3. NAME OF DECEASED (Type or print) First WILLIAM Middle G Last FURDERER | | 4. DATE OF DEATH Month 12/ Day 10/ Year 58 | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 3/25/98 |
| 9. AGE (In years last birthday) 60 | F UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) MACHINIST (Retired) | | 10b. KIND OF BUSINESS OR INDUSTRY Williams Crusher Co | 11. BIRTHPLACE (City and state or country) ST. LOUIS, MISSOURI |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME OTTO FURDERER | |
| 13b. MOTHER'S MAIDEN NAME SARAH NAUGHTON | | 14. NAME OF HUSBAND OR WIFE Never Married | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give year or dates of service) YES WW-II | | 16. SOCIAL SECURITY NO. 492079934 | 17. INFORMANT VAH RECORDS 915 N. GRAND ST. LOUIS, MO. |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LUNG ABSCESS, RIGHT STAPHYLOCOCCUS ALBUS DUE TO (b) CARCINOMA OF LARYNX WITH METASTASES DUE TO (c) - - - 161X - - - PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) - - - - - | | | INTERVAL BETWEEN ONSET AND DEATH 16 DAYS |
| 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> NONE <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 <input type="checkbox"/> NOT WHILE WORKING <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. Attended the deceased from 8/21/58 to 12/10/58 and last saw him alive on 12/10/58 Death occurred at 7:40 PM m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <i>G. Behrens</i> (Degree or title) M.D. | | 22b. ADDRESS VAH ST. LOUIS, MISSOURI | 22c. DATE SIGNED 12/11/58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Dec 13, 1958 | 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | 23d. LOCATION (City, town, or county) (State) St. Louis Missouri |
| 24. FUNERAL DIRECTOR Math Hermann & Son, Inc., 2161 E. Fair | | 25. DATE RECD. BY LOCAL REG. DEC 11 '58 | 26. REGISTRAR'S SIGNATURE <i>Carl Smith MD</i> MJB |

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 *John W. Day*

Licensed Embalmer No. *373*
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.