

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

38047

1. PLACE OF DEATH

County St. Louis Registration District No. 788 File No. \_\_\_\_\_  
Township Wentz Primary Registration District No. 44 Registered No. 91  
City Wentz, Conway, 119 Canella, St. Louis St. \_\_\_\_\_ Ward)

2. FULL NAME

Manda Furcoeste  
(a) Residence. No. 119 Canella St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Herman Furcoeste

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 7 - 1851

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
76 | 8 | 16

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work at home  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Germany

10. NAME OF FATHER Ambrase Heber

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Germany

14. INFORMANT Lydia Mertus (Address) 119 Canella Ave

15. FILED 1227 1927 Arthur H. Heston REGISTRAR  
per Edie Vernon

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 23 1927

17. I HEREBY CERTIFY, That I attended deceased from Jan 1924 to Dec 23 1927 that I last saw her alive on Dec 23 1927, and that death occurred, on the date stated above, at St. Louis mo.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chromocorditis (duration) 3 yrs. mos. da.

CONTRIBUTORY Cardiac Distention (SECONDARY) (duration) \_\_\_\_\_ yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 903 IF NOT AT PLACE OF BIRTH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical Symptoms  
(Signed) W. F. O'Quinn M. D.  
1723 1927 (Address) Walter Groves

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Oak Grove Cem DATE OF BURIAL Dec 26 1927

20. UNDERTAKER Edie Vernon ADDRESS 2707 N. Grand

