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

Do not use this space.

15135

15402

File No. 15402

Registered No. 4336

1. PLACE OF DEATH

County ..... Registration District No. 18

Township St Louis ..... Primary Registration District No. 1002

City St Louis (No. 5828 Page St. ..... Ward)

2. FULL NAME Joseph J Furlong

(a) Residence. No. ..... St. 5 Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Catherine Furlong

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mch 17 1852

7. AGE: Years 76 | Months 1 | Days 3 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Retired
(c) Name of employer: Shaw Leigh H Co

9. BIRTHPLACE (CITY OR TOWN): Cincinnati
(STATE OR COUNTRY): Ohio

PARENTS

10. NAME OF FATHER: Thos Furlong
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland
12. MAIDEN NAME OF MOTHER: Mary Sullivan
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland

14. INFORMANT: Thos F. Furlong
(Address) 5828 Page

15. FILED APR 21 1928, 19 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): Apr 20 1928

17. I HEREBY CERTIFY, That I attended deceased from April 1, 1928, to April 20, 1928 that I last saw him alive on April 18, 1928, and that death occurred, on the date stated above, at 9 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Hemiplegia (Cerebral 82A Hemorrhage) 82D

37 (duration) yrs. 1 mos. ds.

CONTRIBUTORY (SECONDARY): arterio-sclerosis

7401 (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Wm J Langan, M.D.

April 20, 1928 (Address) 5803 Plymouth av.

*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: Calvary

DATE OF BURIAL: Apr 23 1928

20. UNDERTAKER: Harrigan & Sheahan and Co

ADDRESS: 4415 Washington

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.

...WITH UNFADING INK—THIS IS A PERMANENT RECORD