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

Do not use this space.

File No. 38205

Registered No. 10870

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 2003

City St Louis (No. 4658 St Louis Ave St. ..... Ward)

2. FULL NAME Gottlieb Furni

(a) Residence. No. 4658 St Louis St., 11 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. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Clara Furni

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 12 1852

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
76	1	20	

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

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Switzerland

PARENTS

10. NAME OF FATHER Unknown Furni

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Unknown

14. INFORMANT Mrs Clara Furni
(Address) 4658 St Louis

15. NOV - 1 1928 Filed ..... 19..... Marc C Stolcb Registrar

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 2 1928

17. I HEREBY CERTIFY, That I attended deceased from 5/3 28 to 11/2 28 19..... that I last saw ..... alive on ....., 19..... and that death occurred, on the date stated above, at 4:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Dilatation of the Heart

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Chronic Myocarditis

(duration) ..... yrs. 6 mos. ..... ds.

18. WERE ANY OPERATIONS PERFORMED? No

WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Home

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Symptoms

(Signed) Chas Pomeroy, M. D.

11/3, 19 28 (Address) 3903 Lee Ave

*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 Walnut Hill Cemetery — DATE OF BURIAL Nov 5 1928

20. UNDERTAKER Belleville, Leg Dreihmann Hanal — ADDRESS 1905 Union

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

[illegible]

[illegible]

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