

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

Do not use this space.

14345
3686

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **3715 St. Louis A**)

File No.....
Registered No.
St. Ward)

2. FULL NAME

Philip Fornuff
(a) Residence, No. **3715 St. Louis A** St., **10** 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 Caroline Fornuff				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 10 1862				
7. AGE	YEARS 68	MONTHS 2	DAYS 2	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Decorator. (interior) (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer				
9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo (STATE OR COUNTRY)				
PARENTS	10. NAME OF FATHER V. Fornuff			
	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 Mr. C. Fornuff (Address) 3715 St. Louis A				
15. FILED APR 13 1930 Wm. C. Starnes REGISTRAR				

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **April 12 1930**
17. I HEREBY CERTIFY, That I attended deceased from **Jan 1930** to **April 12 1930**
That I last saw him alive on **April 12 1930** and that death occurred, on the date stated above, at **7:40 a.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis (acute exacerbation)
93C
97

(duration) yrs. mos. ds.
CONTRIBUTORY **Arterio-Sclerosis**
(SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
8 DID AN OPERATION PRECEDE DEATH DATE OF
WAS THERE AN AUTOPSY

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) **D. F. Becker**, M. D.
4/13/30 (Address) **2206 Howard St.**

*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 Bethania	DATE OF BURIAL Apr. 16 1930
20. UNDERTAKER Wm. F. Paschdag	ADDRESS 2825 N. Grand St.

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.

2004