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.

REC'D SEP 12 1938

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

27181
Do not use this space.

791

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 7195
(c) City St. Louis Mo. (d) Street No. 2927 Indiana Ave. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Barry J. Furniss 659
(a) Residence, No. 2927 Indiana Ave. St. ~~38~~ 24
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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: Anna Furniss

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 14 1880

7. AGE: YEARS 58 | MONTHS 4 | DAYS 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Clerk
9. Industry or business in which work was done, as saw mill, bank, etc.: Meyer Bro Drug Co.
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cape Town South Africa 7

FATHER
13. NAME: Osburne Furniss 7
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cape Town South Africa 9

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Anna Furniss 2927 Indiana Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE S. S. Peter & Paul DATE Aug 16 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Thos Lutis 2906 Gravois Ave.

20. FILED AUG 14 1938 J. F. Budick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1938, to August 13, 1938
I last saw him alive on August 13, 1938. Death is said to have occurred on the date stated above, at 2:50 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
AORTIC REGURGITATION	

Other contributory causes of importance:
CHRONIC MYOCARDITIS

Name of operation None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
.....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Frank J. Albach D.C. M.D.
(Address) 3326 HUMPHREY ST.

(Licensed Embalmer's Statement on Reverse Side)

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, ...

THOS. KUTIS, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Thos Kutis

Licensed Embalmer No. 1619

P. O. Address 2906 Gravois Ave.

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 this body is not embalmed, above space should be left blank.