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S. No. 2
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5-17-39
P-1 X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
791 - 1003

State File No. **40532**
Registrar's No. **10303**

Registration District No. 791 Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location) /
(d) Length of stay: In hospital or institution 1 Day (Specify whether
In this community 25 years
years, months or days)

3. (a) PRINT FULL NAME Edna Fuhler

3. (b) If veteran, name war. ---- 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Joseph Fuhler 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased February 15, 1900
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
40 9 29 hr. min.

9. Birthplace Belleville Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business _____

MOTHER FATHER { 12. Name John Garbs 9
13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

{ 14. Maiden name Margaret Rebeck
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Fuhler
(b) Address 2821 S. 7th St.

17. (a) Burial (b) Date thereof 12/17/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation N. St. Marcus

18. (a) Signature of funeral director Wacker-Heldens
(b) Address 2331 S. Broadway

19. (a) DEC 16 1940 (b) J. H. Bredsch
(Date of registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 24
(If outside city or town limits, write "RURAL")
(d) Street No. 2821 S. 7th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 13,
year 1940 hour 9:00 minute P. M.

21. I hereby certify that I attended the deceased from December
13, 19 40 to December 13, 19 40;
that I last saw h er alive on December 13, 19 40;
and that death occurred on the date and hour stated above.

Immediate cause of death
Thyrototoxic heart disease
Hypertension
Due to _____
Due to _____
Other conditions
(Include pregnancy within 3 months of death)

Major findings: Cardiac hypertrophy
Of operations Defects of kidneys
Of autopsy Infarct thrombi of heart
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature M. M. Karl (M. D. or other) _____
Address 1515 Lafayette Ave. Date signed 12/13/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Signed Robert Corbett
Licensed Embalmer No. 2128
P. O. Address St Louis Mo.

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.