S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 15 1943

818

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

4196

State File No.

Registration District No.

Primary Registration District No. 1003

Registrar's No. 2079

16

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5313 Sutherland Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Mo. (b) County 17
(c) City or town St. Louis 914
(If outside city or town limits, write "RURAL")
(d) Street No. 5313 Sutherland Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ALGERNON G. FUREY
3. (b) If veteran, name war World War #1
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Furey
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased Jan. (Month) 12th (Day) 1897 (Year)

8. AGE: Years 46 Months 1 Days 17 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation Clerk Emerson Electric Co.
11. Industry or business
FATHER
12. Name Michael Furey
13. Birthplace (City, town, or county) Ireland (State or foreign country) 4
MOTHER
14. Maiden name Julia Morris
15. Birthplace (City, town, or county) Missouri (State or foreign country) 0
16. (a) Informant Mary Furey
(b) Address 5313 Sutherland Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-4-43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway
19. (a) MAR 3 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1st year 1943 hour 11:50 minute A.M. M.

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

Immediate cause of death Coronary Occlusion
Athero-Sclerosis of Coronary
Due to Arteries
Due to
Other conditions (Include pregnancy within 3 months of death) 9H

Duration

Major findings:
Of operations
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury 3

23. Signature Thomas F. Callaman (M. D. or other)
Address Deputy Coroner Date signed 3-3-43

(Licensed Embalmer's Statement on Reverse Side)

City Coroner

MAR 17 1943

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 Edwin D. McDermott

Licensed Embalmer No. 3024

P. O. Address.....

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, fact should be so stated above.