V. S. No. 2
50M—5-42
Rev. 5-17-39
I X328

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12145

FILED MAY 12 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4181

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

1. PLACE OF DEATH:
(a) County
(b) City or town ST LOUIS (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: DEACONESS HOSPITAL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 DAYS (Specify whether years, months or days)
In this community 1 DAY ABOUT 35 YRS

2. USUAL RESIDENCE OF DECEASED: 96.
(a) State MISSOURI (b) County ST. LOUIS
(c) City or town GLENDALE (If outside city or town limits, write "RURAL") N.R.
(d) Street No. 840 FUHRMANN-TERRACE (If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME GEORGE LESLIE FURSE
3. (b) If veteran, name war NO
3. (c) Social Security No. 492-09-3364
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Ruby E. Furse
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased MAY-23-1882 (Month) (Day) (Year)

8. AGE: Years 60 Months 11 Days 9 If less than one day — hr. — min.

9. Birthplace LOCKPORT (City, town, or county) NEW YORK (State or foreign country)
10. Usual occupation AUDITOR
11. Industry or business ELECTRIC CO.
FATHER
12. Name JOHN M. FURSE
13. Birthplace LOCKPORT-NEW YORK (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name JANETTE ELLEN SMITH
15. Birthplace NEWPORT (City, town, or county) RHODE ISLAND (State or foreign country)
16. (a) Informant Mrs. George L. Furse
(b) Address 840 Fuhrmann Tr.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY-5-1943 (Month) (Day) (Year)
(c) Place: burial or cremation MEMORIAL PARK-CEM.
18. (a) Signature of funeral director Parker Und Co
(b) Address WEBSTER GROVES MO
19. (a) MAY 5 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)
849

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2nd year 1943 hour — minute 6 P. M.
21. I hereby certify that I attended the deceased from March 4th 1943 to May 2nd 1943 that I last saw him alive on May 2nd 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Nephritis (Glomerular) Fr. Mors. Fr. Chr. Nephr. — Duration 9 mos.
Due to Throat infection — Duration 1 week
Hypertension Non-diphtheritic
Due to Arteriosclerosis — Duration Doubtful
Other conditions Arterio Sclerosis 5 yrs
(Include pregnancy within 3 months of death)
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) No
(b) Date of occurrence
(c) Where did injury occur? None (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
23. Signature Ralph E. Gaston (M. D. or other)
Address Webster Groves, Mo Date signed 5/3/43

(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, or by .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed C. C. Aldrich

Licensed Embalmer No. 1382

P. O. Address Belfast Grove Me

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.