

S. No. 2
OM-2-43
5-17-39
I X3589

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19592

State File No. _____

ED. JUL 13 1943
Registration District No. 218

Primary Registration District No. 1003

Registrar's No. 6025

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:
Enroute to City Hospital 3
(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

3. (a) PRINT FULL NAME Delbert M. Furry

3. (b) If veteran, name war None

3. (c) Social Security No. _____

4. Sex Male

5. Color or face White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Stella Furry

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased June 22nd 1891
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>0</u>	<u>8</u>	hr. _____ min.

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

10. Usual occupation Printer

11. Industry or business Globe Democrat

MOTHER FATHER {

12. Name Wilbur Furry

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

14. Maiden name Manda Stallings

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

16. (a) Informant Stella Furry

(b) Address 5448 Nottingham Ave.

17. (a) Removal
(Burial, cremation, or removal)

(b) Date thereof 7-3-43
(Month) (Day) (Year)

(c) Place: burial or cremation Highland Illinois

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) JUL 1 1943
(Date received local registrar)

(b) _____
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000
12
147

(a) State Mo. (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5448 Nottingham Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30th
year 1943 hour 5:00 minute A.M.

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

Immediate cause of death Galena, Remora
Ruptures esophagus, valve

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings: _____

Of operations: _____

Of autopsy: _____

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)

Means of injury _____

Signature Thomas F. Callahan (M. D. or other)

Address Deputy Coroner Date signed 7-9-43

846

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 *Elemer A. Spelmann*

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of MO
County of St. Louis } ss.

State File No. 17
Local Registrar's No. 6023

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 6 day of April, 1945, before me appears.....
Stella Furry, who, upon her oath, states that the original record of birth
for Delbert M. Furry died 6-30, 1943 on the State of
born Missouri, and which was filed at..... on....., 19..... should be corrected as follows:

- Item No. 3 should read Delbert M. Furry
Instead of Delbert
- Item No. 6 should read Stella F. Furry
Instead of Stella
- Item No. 16 should read Stella F. Furry
Instead of "
- Item No. should read.....
Instead of.....

Corrected # 6-30-45

The above is true to the best of my knowledge, information and belief.
(SEAL) X Affiant Stella F. Furry Informant
5448 Notting Lane. Relationship.
Present Address.

Subscribed and sworn to before me this 6 day of April, 1945
Ben C. Paddock Notary Public.
My Commission expires 3-4-49

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S-19592

1700 P. 100

100