

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
52 Lake Forest
(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 John Fuhrer

3. (b) If veteran, name war No 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 Laura M. Fuhrer 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Sept. 14th, 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 6 13 hr. min.

9. Birthplace Wayne Co. Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Treasurer

11. Industry or business Egyptian Tie & Timber Co

MOTHER FATHER { 12. Name Fred Fuhrer
13. Birthplace Switzerland
(City, town, or county) (State or foreign country)
14. Maiden name Anna
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant John F. Fuhrer
(b) Address 52 Lake Forest

17. (a) Entombment (b) Date thereof 3/19/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Robert J. Ambruster
(b) Address 6633 Clayton Road

19. (a) MAR 19 1945 (b) E. B. Garrison
(Date received local registrar) (Embalmer's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Richmond Heights 8
(If outside city or town limits, write "RURAL") 7
(d) Street No. 52 Lake Forest
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 5

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17th,
year 1945 hour 9.48 minute A M.

21. I hereby certify that I attended the deceased from March 1st
1945 to March 17, 1945

that I last saw him alive on March 17, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary Thrombosis
Thrombosis of peripheral
Arteries
Due to Hypertension
Ch. Myocarditis

Duration
17 day
3 day
year

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

Major findings:
Of operations 928
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:

(c) 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 Arthur Sinsler (M. D. or other) MD
Address 2202 University St Date signed 3/18/45

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

6
8
3

MAR 29 1945

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 Edward J. Bockheiser
Licensed Embalmer No. 2502
P. O. Address Clayton 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, fact should be so stated above.