. S. No. 2
0M—2-43
ev. 5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

21927

State File No.

FILED JUL 20 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5910

1. PLACE OF DEATH:

(a) County

(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:
4023 Bamberger, 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 23 years,

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County 000

(c) City or town St. Louis, 17/5
(If outside city or town limits, write "RURAL")

(d) Street No. 4023 Bamberger, 9
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Henry Furbacher,

3. (b) If veteran, name war No.

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Theresa

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

7. Birth date of deceased December 8, 1893
(Month) (Day) (Year)

8. AGE: Years 51 Months 6 Days 28 If less than one day hr. min.

9. Birthplace Hungary 4
(City, town, or county) (State or foreign country)

10. Usual occupation metal worker

11. Industry or business

FATHER
12. Name John Furbacher
13. Birthplace Hungary 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Zillich
15. Birthplace Hungary 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Theresa Furbacher,

(b) Address 4023 Bamberger,

17. (a) Cremation (Burial, cremation or removal) (b) Date thereof 7/7/45 (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Oscar J Hoffmeister

(b) Address 4016 Chippewa

19. (a) JUL 7 1945 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5 year 1945 hour abt 7:45 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 Strangulation due to hanging, when he was found hanging to rafter in the garage in rear of his home, with window cord around his neck, on July 5th, 1945, about 7:45 A.M. — Duration

Due to

Other conditions (Include pregnancy within 3 months of death) 164

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) Suicide

(b) Date of occurrence 7-5-45

(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? home
(Specify type of place)

While at work? (e) Means of injury

23. Signature Patrick E. Taylor (M. D. or other)

Address City Date signed 7/7/45

(Licensed Embalmer's Statement on Reverse Side)

JAN 7 1959

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 John Ogonoski

Licensed Embalmer No. 2398

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.