

No. 2  
-12-45  
5-17-39  
X47020

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED APR 23 1947  
#69900

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

15088  
4028

State File No.  
Registrar's No.

Registration District No. 318 Primary Registration District No.

1. PLACE OF DEATH:  
(a) County St. Louis, Mo.  
(b) City or town St. Louis, Mo.  
(c) Name of hospital or institution: St. Louis City Hospital #1.  
(d) Length of stay: In hospital or institution.  
In this community years, months or days

3. (a) PRINT FULL NAME: FRANCES FURNESS  
3. (b) If veteran, name war. no  
3. (c) Social Security No. no

4. Sex Female  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife George M. Furness  
6. (c) Age of husband or wife if alive 61 years  
7. Birth date of deceased June 12, 1886

8. AGE: Years 60 Months 10 Days 4

9. Birthplace Topeka Kansas  
10. Usual occupation housewife

11. Industry or business  
12. Name Tony Blahut  
13. Birthplace Bohemia  
14. Maiden name Sophie Oblonzek  
15. Birthplace unknown U.S.A.

16. (a) Informant George M. Furness  
(b) Address 306E. Espenscheid

17. (a) Burial (b) Date thereof 4/18/47  
(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Weick Bros.  
(b) Address 2201 S. Grams Bl.

19. (a) APR 18 1947 (b) J. J. [Signature] Registrar's signature

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County oao  
(c) City or town St. Louis 117  
(d) Street No. 306E Espenscheid Ave. 9  
(e) Citizen of foreign country? (Yes or No) 0  
If yes, name country

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 16th  
year 1947 hour 11:20 minute P M.  
21. I hereby certify that I attended the deceased from 4/1/47  
19 to April 16th 1947  
that I last saw her alive on April 16th 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Artery heart disease  
Died of: Aneurysm fibillation  
Sudden death of Coronary Artery  
Other conditions: (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)  
(b) Date of occurrence  
(c) Where did injury occur?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Signature: [Signature] Date signed: 4/18/47

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

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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.....

.....  
James Dunn, Registered Apprentice No.....  
working under my personal supervision.

Signed *Wm. A. Stewart*.....

Licensed Embalmer No. 3722.....

2201 S. Grand Bl.

P. O. Address 412 Duchouquette.....

**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.**