

FILED MAR. 26. 1949

STANDARD CERTIFICATE OF DEATH

10060
State File No. 2556

318

1003

Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. _____		Registrar's No.			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 43 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 4769a Greer Avenue			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital				d. STREET ADDRESS (If rural, give location) 4769a Greer Avenue					
3. NAME OF DECEASED a. (First) RUDOLF. (Type or Print)			b. (Middle) _____		c. (Last) FUERST		4. DATE OF DEATH (Month) (Day) (Year) Mar. 14. 1949		
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M		8. DATE OF BIRTH Mar. 1. 1885		9. AGE (In years last birthday) 64 IF UNDER 1 YEAR Months 0 Days 13 IF UNDER 12 HRS. _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) baker			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) California, Missouri			12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME John Fuerst			13b. MOTHER'S MAIDEN NAME Elizabeth Sewing			14. NAME OF HUSBAND OR WIFE Nora			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____			16. SOCIAL SECURITY NO. 492-01-0708		17. INFORMANT'S SIGNATURE OR NAME Nora Fuerst ADDRESS 4759a Greer Avenue				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arterio-sclerotic ANCECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Heart Disease atherosclerosis 93 H 100 DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 3-5 yr unkn.							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from Sept. , 1946, to Mar. 14 , 1949, that I last saw the deceased alive on Mar. 13 , 1949, and that death occurred at 9:00 am. , from the causes and on the date stated above.									
23a. SIGNATURE Dewald (Degree or title) _____			23b. ADDRESS 4030 Chautauque			23c. DATE SIGNED 3/14/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 3-16-49		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) California, Missouri			
DATE REC'D BY LOCAL HEALTH DEPT. MAR 15 1949		REGISTRAR'S SIGNATURE J B Savater			25. FUNERAL DIRECTOR'S SIGNATURE W. J. Langford ADDRESS 1301 Schuyette				

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

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Dr, L.C. Welsh
Chouteau Bldg.

2856

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

C. W. Cooper

Licensed Embalmer No. *5830*

P. O. Address *2201 N. 1st*

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.