

FILED MAY 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 18153
4158

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 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 OR TOWN ST. LOUIS, MO.)		c. LENGTH OF STAY (In this place) LIFETIME	c. CITY (If outside corporate limits, write RURAL and give township) 10 th ST. LOUIS.		2209
d. FULL NAME OF HOSPITAL OR INSTITUTION 2706A. W. 21 st STR			e. STREET ADDRESS (If rural, give location) 2706A. N. 21 st STR. 0		
3. NAME OF DECEASED (Type or Print) a. (First) LOUISE		b. (Middle) GERTRUDE		c. (Last) FAHRENHORST.	
4. DATE OF DEATH (Month) (Day) (Year) MAY 6 th 1950					
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAY 9 th 1900	9. AGE (In years last birthday) 49	10. IF UNDER 1 YEAR Months Days Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (State or foreign country) ST. LOUIS MO. 0	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME EDWARD CURRAN.		13b. MOTHER'S MAIDEN NAME ANNA REKER.	
14. NAME OF HUSBAND OR WIFE FRED. P. FAHRENHORST.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME Fred P. Fahrenhorst		ADDRESS ST 2706N21			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			MEDICAL CERTIFICATION		
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis			INTERVAL BETWEEN ONSET AND DEATH 1 hr.		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) Hypertensive Cardiac Disease 3 yrs		
DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS			Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input 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) (Min) m.		21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 4201	
22. I hereby certify that I attended the deceased from April 1947 to May 6, 1950, that I last saw the deceased alive on May 3, 1950, and that death occurred at 3:45 p.m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) M.D.			23b. ADDRESS 2202 University St.		23c. DATE SIGNED May 8, 1950
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAY 9 = 1950		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEM. ST. LOUIS.	
24d. LOCATION (City, town, or county) MO		DATE REC'D BY LOCAL REG. MAY 8 1950		REGISTRAR'S SIGNATURE J. B. Sasser	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Brookland UND. CO 1827 HOGAN ST.			

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed

J. Wm. Binkley

Licensed Embalmer No..... 3257

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.