

FILED DEC 8 1950

## STANDARD CERTIFICATE OF DEATH

38500

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10074**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS 2019</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>3653 ROBERT</b>		d. STREET ADDRESS (If rural, give location) <b>3653 ROBERT</b>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) <b>PETER</b>		b. (Middle) <b>-</b>	
c. (Last) <b>FURI</b>		Nov. 26 1950	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JAN. 6 1881</b>
9. AGE (In years last birthday) <b>69</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>DAY LABORER</b>	11. BIRTHPLACE (State or foreign country) <b>AUSTRIA HUNGARY</b>
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>MICHAEL FURI</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	
14. NAME OF HUSBAND OR WIFE <b>ANNA FURI</b>		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. <b>492-10-0458</b>		17. INFORMANT'S SIGNATURE OR NAME <b>ANNA FURI</b>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary heart disease</b> DUE TO (c) <b>Chronic arteriosclerosis</b> 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"/>		21. INTERVAL BETWEEN ONSET AND DEATH <b>30 min.</b> <b>2 yrs</b> <b>several yrs</b>	
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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>H/201</b>	
22. I hereby certify that I attended the deceased from <b>11-19, 1950</b> , to <b>11-26, 1950</b> , that I last saw the deceased alive on <b>11-26, 1950</b> , and that death occurred at <b>5 P. M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Erwin A. Treubius M.D.</b>		23b. ADDRESS <b>752 LeMay Long St.</b>	
23c. DATE SIGNED <b>11/27/50</b>		24. NAME OF CEMETERY OR CREMATORY <b>RESURRECTION CEM.</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>Nov. 29 1950</b>	
24c. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO.</b>		24d. DATE REC'D BY LOCAL REG. <b>NOV 27 1950</b>	
25. REGISTRAR'S SIGNATURE <b>J. B. Kester</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Thomas Kute 296 Meavie</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

