

FILED MAY 24 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18911**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3069** Registrar's No. **2226**

1. PLACE OF DEATH a. COUNTY SAINTE LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY SAINTE LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) RICHMOND HEIGHTS		c. CITY (If outside corporate limits, write RURAL and give township) RICHMOND HEIGHTS	
c. LENGTH OF STAY (In this place) 48 Years		d. STREET ADDRESS (If rural, give location) 1340 YALE	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1340 Yale			

3. NAME OF DECEASED (Type or Print) a. (First) MINA		b. (Middle)		c. (Last) FURSTENWERTH		4. DATE OF DEATH (Month) (Day) (Year) May 18 1951	
5. SEX F	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH 11/11/1864	9. AGE (In years last birthday) 86		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY X		11. BIRTHPLACE (State or foreign country) SAINT LOUIS		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME ? WACK	13b. MOTHER'S MAIDEN NAME ALBERTINA ?	14. NAME OF HUSBAND OR WIFE DETLEF N. FURSTENWERTH
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) X	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME Mrs Albert Scott	ADDRESS 1340 Yale, R. H. Mo.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Myocarditis, Myocarditis		INTERVAL BETWEEN ONSET AND DEATH 3 years
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. Hypertension		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 443X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **10/8**, 19**49** to **5/18/51**, 19**51**, that I last saw the deceased alive on **5/18/51**, 19**51**, and that death occurred at **2:20P** m., from the causes and on the date stated above.

23a. SIGNATURE Robert J. Ambruster M.D.	(Degree or title)	23b. ADDRESS 2301 S. Kingshighway	23c. DATE SIGNED 5/18/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE 5/21/51	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Chapel	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. 5-21-51	REGISTRAR'S SIGNATURE Herbert P. Lambie M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ROBERT J. AMBRUSTER, INC.	ADDRESS
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WRITE PLAINLY—USING 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 _____

working under my personal supervision.

Student Embalmer No.

Signed Poland O Zebunke

Signed.....
Student Embalmer

Licensed Embalmer No. 3917

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.