

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27967**

FILED SEP 7 1951

BIRTH NO. _____ REG. DIST. NO. **308** PRIMARY REG. DIST. NO. **6049** Registrar's No. **9**

1. PLACE OF DEATH a. COUNTY St Charles 0920		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY St Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RR Auguste Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RR Auguste Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0920	

3. NAME OF DECEASED (Type or Print) a. (First) ARNOLD H. b. (Middle) FUERMAN c. (Last) FUERMAN			4. DATE OF DEATH (Month) (Day) (Year) Aug 28 - 1951		
5. SEX MO		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH Apr. 12 - 1891		9. AGE (In years last birthday) 60		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Fairsteel Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Fritz Fuerman		13b. MOTHER'S MAIDEN NAME Marsh		14. NAME OF HUSBAND OR WIFE Laura Fuerman	
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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) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Laura Fuerman ADDRESS Auguste 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocarditis				INTERVAL BETWEEN ONSET AND DEATH 3 wks	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes Mellitus				10 yrs.	
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. leucorrhea 7 Yrs.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) (Min)		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 **Sept 10, 1951**, to **Aug 28, 1951**, that I last saw the deceased alive on **Aug 22, 1951**, and that death occurred at **14 5 m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. Schmidt		23b. ADDRESS no Marshallville Mo		23c. DATE SIGNED 8-31-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 1-51		24c. NAME OF CEMETERY OR CREMATORY Fairme asage		24d. LOCATION (City, town, or county) (State) RR Auguste Mo	
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DATE REC'D BY LOCAL REG. Sept 1, 1951		REGISTRAR'S SIGNATURE Mrs. Viola Fuerman		25. FUNERAL DIRECTOR'S SIGNATURE M. Muschany ADDRESS Wentzville Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 22 1951

File No. _____
DISTRICT HEALTH OFFICE No. 4

SEP 4 - 1951

RECEIVED

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.

Signed W. O. Kessler

Signed _____
Student Embalmer

Licensed Embalmer No. 4631

P. O. Address Wentzville Mo

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.