

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9919**  
Registrar's No. **2676**

FILED MAR 29 1952

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1003

BIRTH NO.		REG. DIST. NO.		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 <b>MISSOURI</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS.</b>		c. LENGTH OF STAY (In this place) <b>LIFE</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS.</b>		<b>2269</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ALEXIAN BROS. HOSP.</b>				e. STREET ADDRESS (If rural, give location) <b>26 <del>1920</del> BENTON STR.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b> b. (Middle) <b>CONRAD</b> c. (Last) <b>FAHRENHORST</b>		4. DATE OF DEATH (Month) <b>MCH</b> (Day) <b>19</b> (Year) <b>1952</b>		5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>JUNE 19-1886</b>		9. AGE (In years last birthday) <b>65</b>		10. F UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PRIVATE WATCHMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>TOWN DISTRICT</b>		11. BIRTHPLACE (State or foreign country) <b>ST. LOUIS MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>BERNARD FAHRENHORST</b>		13b. MOTHER'S MAIDEN NAME <b>GERTRUDE GOEDDE</b>		14. NAME OF HUSBAND OR WIFE <b>MARY FAHRENHORST</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If no, give war or date of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. S. Magunk 3017 Capital Dr</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>UREMIA</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>CARCINOMA OF BLADDER ADVANCED</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 <b>4 DAYS</b> <b>2 yrs</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? <b>181X</b>			
22. I hereby certify that I attended the deceased from <b>Oct. 14, 1950</b> , to <b>March 19, 1952</b> , that I last saw the deceased alive on <b>March 14, 1952</b> , and that death occurred at <b>11:48 P.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>CIAPCIAK</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>1901. Madison St</b>		23c. DATE SIGNED <b>3/21/52</b>	
24a. BURIAL (CREMATION REMOVAL) (Specify) <b>BURIAL</b>		24b. DATE <b>MCH 22-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY CEM.</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO.</b>	
DATE REC'D BY LOCAL REG. <b>MAR 9 1 1952</b>		REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Brockland Und. Co. 1827 Hog and St.</b>			

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

*John S. Bennett*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4194*

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.