

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **4286**

FILED JAN 8 1953  
BIRTH NO. **7-123** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **0015**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>St. Louis</b> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Crestwood</b> c. LENGTH OF STAY (in this place) <b>4 months</b> d. FULL NAME OF HOSPITAL OR INSTITUTION <b>564 Attucks Ave.</b>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Crestwood</b> d. STREET ADDRESS (If rural, give location) <b>564 Attucks Ave</b>			
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Mark</b> b. (Middle) <b>Douglas</b> c. (Last) <b>Fuhrmann</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Jan. 1, 1953</b>				
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify)</b> <b>Never Married</b>	<b>8. DATE OF BIRTH</b> <b>Aug. 20, 1952</b>	<b>9. AGE</b> (In years last birthday) <b>4</b> <b>MONTHS</b> <b>12</b> <b>DAYS</b>	<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Never worked</b>		
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Never worked</b>			<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>None</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>St. Louis, Missouri</b>		
<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>		<b>13a. FATHER'S NAME</b> <b>James Fuhrmann</b>					
<b>13b. MOTHER'S MAIDEN NAME</b> <b>Jean Storie</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Single</b>					
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)		<b>16. SOCIAL SECURITY NO.</b> <b>none</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>James Fuhrmann, Kirkwood, Mo.</b>			
<b>MEDICAL CERTIFICATION</b>							
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Virus Pneumoniae (munching)</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>2 days</b>		
<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) _____ DUE TO (c) _____		<b>492X</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			<b>None</b>		<b>492X</b>		
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>			<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from</b> <b>30 Dec.</b> , 19 <b>52</b> , to <b>1 Jan.</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>30 Dec.</b> , 19 <b>52</b> , and that death occurred at <b>6:15 a.m.</b> , from the causes and on the date stated above.							
<b>23a. SIGNATURE</b> (Degree or title) <b>R. Barnett M.D.</b>			<b>23b. ADDRESS</b> <b>1042 1/2 Manchester St. Kirkwood, Mo.</b>		<b>23c. DATE SIGNED</b> <b>1-1-53</b>		
<b>24a. BURIAL CREMATION REMOVAL</b> (Specify) <b>Burial</b>		<b>24b. DATE</b> <b>1/3/53</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>St. Peter's Cemetery Kirkwood Missouri</b>			
<b>24d. LOCATION</b> (City, town, or county) (State) <b>Kirkwood Missouri</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Louis H. Bopp Jr. Kirkwood Mo.</b>					
<b>DATE REC'D BY LOCAL REG.</b> <b>1-3-53</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Hubert R. Danks M.D.</b>					

(Licensed Embalmer's Statement on Reverse Side)

NW

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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

*Felix Husband*

Licensed Embalmer No. *3034*

P. O. Address *Ku Kuood 33*

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.