

STANDARD CERTIFICATE OF DEATH

State File No. 7553

FILED FEB 26 1953

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 1473

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY St. Louis Co.	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Village of Hillsdale	
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital		d. STREET ADDRESS (If rural, give location) 6516 Mount Ave., 4161	
3. NAME OF DECEASED (Type or Print) a. (First) ROBERT		b. (Middle) FRANK	
		c. (Last) FUERST	
4. DATE OF DEATH (Month) (Day) (Year) Feb. 4, 1953			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June 29, 1952.
9. AGE (In years last birthday) 7		10. UNDER 1 YEAR Days 5	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Charles Fuerst		13b. MOTHER'S MAIDEN NAME Loretta Schuette	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Charles Fuerst		ADDRESS 6516 Mount Ave.,	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Disease, Congenital type undetermined Pneumonia, Bronchial 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR		491X	
22. I hereby certify that I attended the deceased from 29 June, 1952, to Feb. 6, 1953, that I last saw the deceased alive on 4 Feb, 1953 and that death occurred at 1:30A.M. from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>William W. Hall, M.D.</i>		23b. ADDRESS 255 Florissant Rd 67653	
23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 7, 1953	
24c. NAME OF CEMETERY OR CREMATORY Calvary Cem.,		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
DATE REC'D BY LOCAL REG. FEB 7 1953		REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Jos. W. Clark 1125 Hodiamont Ave.,	

Dr. Eugene Hall
524a Florissant Road,
Ferguson, Mo.

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 Alfred J. Boedecker

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiamont Ave.,

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.