

FILED FEB 9 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3333**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **542** Registrar's No. **192**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Ferguson		c. LENGTH OF STAY (In this place) 4 Mos.	c. CITY OR TOWN Ferguson 4109
d. FULL NAME OF HOSPITAL OR INSTITUTION: Oak Knoll Nursing Home		e. STREET ADDRESS (If rural, give location) 37 N. Clark	

3. NAME OF DECEASED (Type or Print) SALLIE PRICE FUHRI	a. (First) SALLIE	b. (Middle) PRICE	c. (Last) FUHRI	4. DATE OF DEATH (Month) (Day) (Year) Jan. 24, 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Aug. 27, 1874	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR: MONTHS _____ DAYS _____	IF UNDER 10 HRS: HOURS _____ MIN. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Albert M. Price	13b. MOTHER'S MAIDEN NAME Margaret Mc Pheeters	14. NAME OF HUSBAND OR WIFE Wm. C. Fuhri
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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 Geo. I. Fuhri	ADDRESS Ferguson, 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		INTERVAL BETWEEN ONSET AND DEATH 7 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the E metastases		
	ANTECEDENT CAUSES: Morbid 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. Degenerative cardiovascular disease & decomposition		3 wks	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	175X	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)
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?

22. I hereby certify that I attended the deceased from **Nov 1949** to **24 Jan 1955**, that I last saw the deceased alive on **24 Jan 1955**, and that death occurred at **2:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Joseph D. Seely	(Degree or title) MS	23b. ADDRESS 3129 Florissant Ferguson Mo.	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 1-26-55	24c. NAME OF CEMETERY OR CREMATORY Bellefontaine	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
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DATE REC'D BY LOCAL REG. 1-26-55	REGISTRAR'S SIGNATURE Herbert R. Donkers	25. FUNERAL DIRECTOR'S SIGNATURE WHITE CHAPEL	ADDRESS FERGUSON, MISSOURI
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(Licensed Embalmer's Statement on Reverse Side)

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

0094

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.....
Signature of Student Embalmer

Signed *Elena Province*

Licensed Embalmer No. *340*

P. O. Address *Summit*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.