

FILED JUN 20 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. **4897**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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. CITY OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Enroute to City Hospital</b>		STREET ADDRESS (If rural, give location) <b>3248 Henrietta</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>ELMER</b> b. (Middle) <b>N</b> c. (Last) <b>FUHRMANN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 3 1955</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>2-9-1907</b>	9. AGE (In years last birthday) <b>48</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Machine Operator</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Busch Brewery</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Haysville, Indiana</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>Albert Fuhrmann</b>		13b. MOTHER'S MAIDEN NAME <b>Margorete Eisenhut</b>		14. NAME OF HUSBAND OR WIFE <b>Clisty Fuhrmann</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>499-03-3636</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Clisty Fuhrmann, 3248 Henrietta</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>acute myocardial infarction</b>		<b>1 hour</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary artery thrombosis</b> DUE TO (c) <b>arteriosclerosis</b>		<b>1 hour</b> <b>? 1 year</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Angina pectoris</b>		<b>1 year</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>4201</b>

22. I hereby certify that I attended the deceased from **1-24-55, 19**, to **June 3, 1955**, that I last saw the deceased alive on **June 3, 1955**, and that death occurred at **5 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Joseph Edwards M.D.</b>		23b. ADDRESS <b>3720 Washington Blvd</b>		23c. DATE SIGNED <b>6/4/55</b>	
24a. (BURIAL, CREMATION, REMOVAL) (Specify) <b>Removal</b>	24b. DATE <b>6-6-1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Paul's Churchyard</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>	

DATE REC'D BY LOCAL REG. <b>JUN 6 1955</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>McLaughlin F.H., Inc., 2301 Lafayette</b>	
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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.....  
Signature of Student Embalmer

Signed *James P. Chapman*  
Licensed Embalmer No. *45*  
P. O. Address *St. Louis*

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.