

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-022771

FILED VS. JUN 20 1960 115-116

Primary Registration District No. 3020 Registrar's No. 134

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Franklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Franklin</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Washington, Mo.</b>		Length of stay in 1b	c. CITY OR TOWN <b>Gerald</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Francis Hospital</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>JOHN</b> Middle <b>DETLEF</b> Last <b>FURSTENWERTH</b>			4. DATE OF DEATH Month <b>June</b> Day <b>9</b> Year <b>1960</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>April 25, 1887</b>	9. AGE (last birthday) <b>73</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>11</b> Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Wholesale dealer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Variety &amp; Novelties, St. Louis, Mo.</b>		11. BIRTHPLACE (City and state or country) <b>U.S.A.</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>Detlef Furstenwerth</b>		13b. MOTHER'S MAIDEN NAME <b>Lina Wack</b>	
14. NAME OF HUSBAND OR WIFE <b>Ella Hartmann</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No None</b>		16. SOCIAL SECURITY NO. <b>487-36-9550</b>	
17. INFORMANT <b>Ella Furstenwerth, Gerald, Mo.</b>		17. ADDRESS			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Cerebral Thrombosis</b>		
DUE TO (b) <b>Cerebral Arteriosclerosis</b>		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Hypertensive Cardiovascular Disease</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION		COUNTY STATE

21. I attended the deceased from **April 1** to **6/8/60** and last saw her **him** on **6/8/60**  
Death occurred at **10:15 A.M.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>James L. Shea, M.D.</b>		22b. ADDRESS <b>Gerald Mo.</b>		22c. DATE SIGNED <b>6/10/60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>June 13, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Concordia Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>1209 Bates, St. Louis, Mo</b>	
24. FUNERAL DIRECTOR <b>Oltmann Funeral Home, Gerald, Mo.</b>		25. DATE REGD. BY LOCAL REG. <b>6/11/60</b>	26. REGISTRAR'S SIGNATURE <b>F.P. Schubmann</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS JUN 20 1960

**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

*Ernest L. Ottmann*

Licensed Embalmer No. 11051

P. O. Address Union, Missouri

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.