

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-025145

FILED JUN 20 1960

Registration District No. 317 Primary Registration District No. 531 Registrar's No. 1676

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. *If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>University City</u>		Length of stay in lb <u>14 Years</u>	c. CITY OR TOWN <u>University City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) <u>311 West Gate Ave</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>311 West Gate Ave</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Walter</u> Middle <u>Otto</u> Last <u>Fuhlage</u>			4. DATE OF DEATH Month <u>May</u> Day <u>24</u> Year <u>1960</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>3/5/1887</u>	9. AGE (last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer (Retired)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>	11. BIRTHPLACE (City and state or country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>

13a. FATHER'S NAME <u>Henry E. Fuhlage</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Hueckstaedt</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>490-40-4777</u>		17. INFORMANT <u>Mrs Dominic J. Verda 16 Pine Valley</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of Rt liver Possibly metastases primary not</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>metastases primary not</u>		
DUE TO (c) <u>Known.</u>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Chronic bronchitis</u>			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		
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 <u>—</u> a.m. <u>—</u> p.m. <u>—</u>		Month, Day, Year <u>—</u>			

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
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21. I attended the deceased from May 2nd 1945 to May 24, 1960 and last saw him alive on May 24, 1960
Death occurred at 9:35 PM May 24, 1960 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Dominic J. Verda MD</u>		22b. ADDRESS <u>4500 Olive St</u>		22c. DATE SIGNED <u>5-26-60</u>
23a. BURIAL, CREMATION, REINTERMENT, or DISPOSAL <u>REMOVAL</u>	23b. DATE <u>5/27/60</u>	23c. NAME OF CEMETERY OR CREMATOR <u>Bellefontaine Cem</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>

24. FUNERAL DIRECTOR <u>Alexander & Sons 6175 Delmar Blvd</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>5-26-60</u>	26. REGISTRAR'S SIGNATURE <u>John C. Murphy</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Dr.D.J.Verda
4500 Olive St
Fo.7-8400

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed jos. E Mc culloch

Licensed Embalmer No. 276

P. O. Address 4173-9th

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.