

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9973

FILED NOV 8 1961

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4545 Laclede Ave.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4545 Laclede Ave.

3. NAME OF DECEASED (Type or print) First Middle Last FERDINAND J. FUHRMANN			4. DATE OF DEATH Month Day Year Oct. 27 1961			
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5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-16-1894	9. AGE (last birthday) 67	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Poultry Business (Retired)	10b. KIND OF BUSINESS OR INDUSTRY Self Employed	11. BIRTHPLACE (City and state or country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Fred Fuhrmann	13b. MOTHER'S MAIDEN NAME Margaret Becker	14. NAME OF HUSBAND OR WIFE Laura L. Fuhrmann
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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 None	16. SOCIAL SECURITY NO.	17. INFORMANT Address Laura L. Fuhrmann 4545 Laclede Ave.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: <input checked="" type="checkbox"/> IMMEDIATE CAUSE (a) <i>Uremia</i> <input checked="" type="checkbox"/> DUE TO (b) <i>chr. nephritis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } <input type="checkbox"/> DUE TO (c) <i>592x</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 day</i> <i>10 yr.</i>
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Diabetes mellitus</i> <i>Arterio sclerotic hypotension</i>		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.)
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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
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21. I attended the deceased from <i>7/26/46</i> to <i>10/26/61</i> and last saw <input checked="" type="checkbox"/> her <input type="checkbox"/> him alive on <i>10/26/61</i> Death occurred at <i>2:00 A.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <i>C. Fleinzschmidt M.D.</i>	22b. ADDRESS <i>5084 Grand</i>	22c. DATE SIGNED <i>10/27/61</i>
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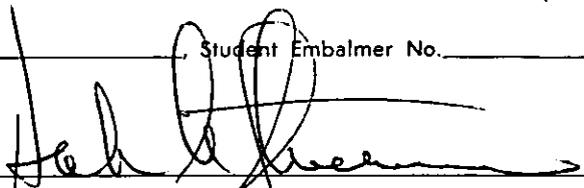
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Oct. 30, 1961	23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	23d. LOCATION (City, town, or county) St. Louis Co. Mo.
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24. FUNERAL DIRECTOR Kriegshausner 4228 S. Kingshighway Blvd.	25. DATE RECD. BY LOCAL REG. OCT 27 1961	26. REGISTRAR'S SIGNATURE <i>Loal Smith, M.D.</i>
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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  _____

Licensed Embalmer No. 4533

P. O. Address _____

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.