S. No. 2
M—5-43
v. 5-17-39
P I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 27 1944
Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 39341
Registrar's No. 10698

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4247W Finney Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 60yrs. (Specify whether years, months or days) /

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4247 W. Finney Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Joseph Furling
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary
6. (c) Age of husband or wife if alive 83 years
7. Birth date of deceased Oct 24th. 1856 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
88	L	20	hr. min.

9. Birthplace (City, town, or county) Texas (State or foreign country)
10. Usual occupation Lawyer
11. Industry or business Self

FATHER
12. Name Michael Furling
13. Birthplace (City, town, or county) Alsace Loraine (State or foreign country)

MOTHER
14. Maiden name Louise Hermann
15. Birthplace (City, town, or county) Alsace Loraine (State or foreign country)

16. (a) Informant Louise Furling
(b) Address 4247W Finney Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/16/44 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemt
18. (a) Signature or address Hoarigan & Sheanan Und Co
(b) Address 4415 Washington Blvd.
19. (a) DEC 15 1944 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 14th. year 1944 hour 6:10 A.M. minute M.
21. I hereby certify that I attended the deceased from 11-15-44 to 12-14-44; that I last saw h— alive on 12-14-44 19; and that death occurred on the date and hour stated above.

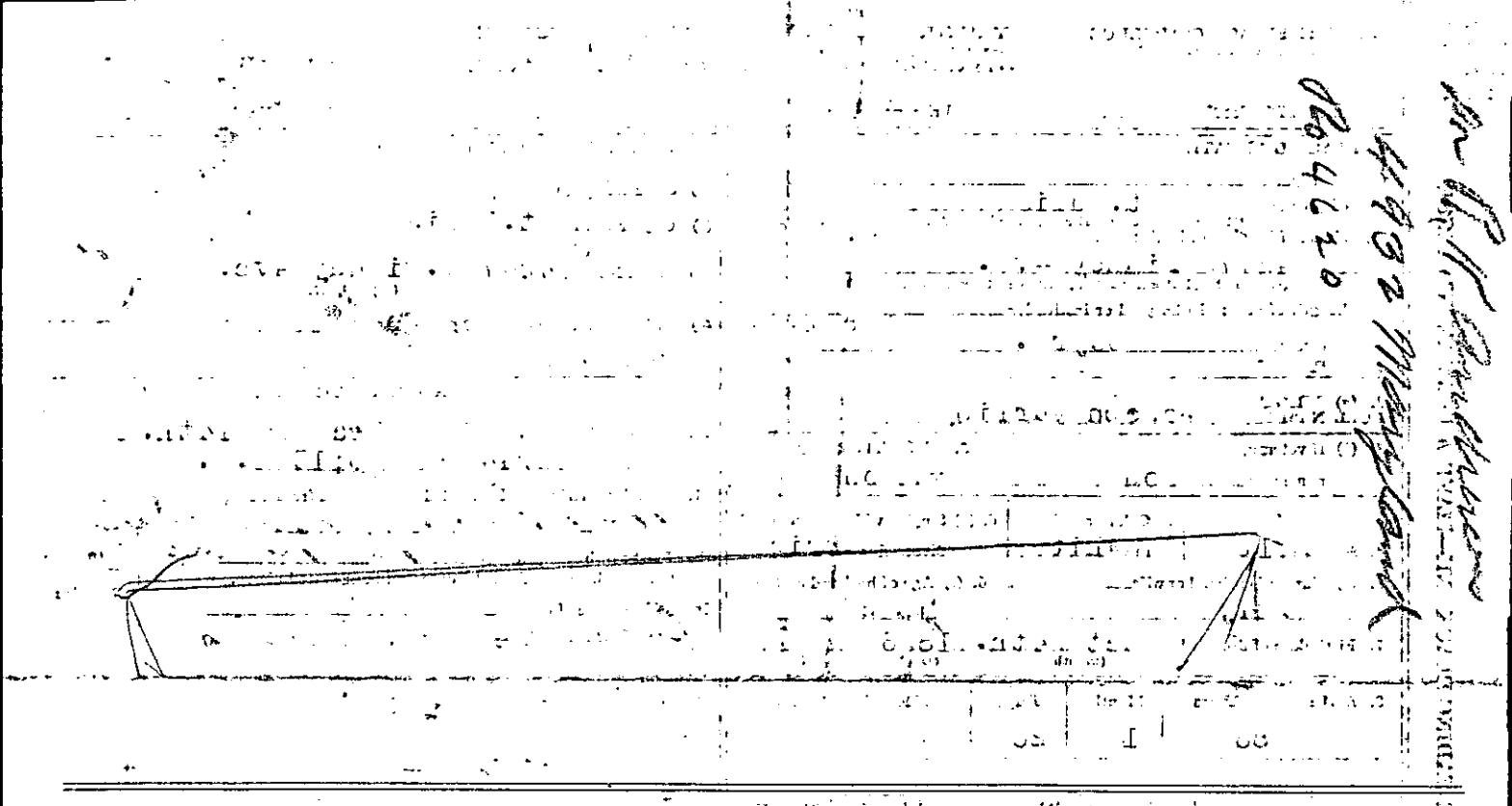
Duration
Immediate cause of death Lobular Pneumonia
Due to Influenza
Due to age
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature R C Andrews (M. D. or other)
Address 4952 Mary Land Date signed 12-15-44

(Licensed Embalmer's Statement on Reverse Side)



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.....

.....; Registered Apprentice No.....

working under my personal supervision.

Signed. Albert E. Lapp

Licensed Embalmer No. 2971

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 this body is not embalmed, fact should be so stated above.