N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

18390

File No. 4644
Registered No.

1. PLACE OF DEATH
County St Louis — Registration District No. 791
Township — Primary Registration District No. 1068
City St Louis (No. Deaconess Hospital St. Ward)

2. FULL NAME William Foelsch Sr.
(a) Residence, No. 1545 Lulu Av. St., 4 Ward. St Louis Co. Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Emma Foelsch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25 1857

7. AGE: Years 75 | Months 4 | Days 29 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Caretaker (College)
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER
13. NAME Frederick Foelsch
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Minna Leberenz
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Wm. Foelsch Jr.
(ADDRESS) 1546 Lulu Av St Louis Co

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Peters DATE May 27 1933

19. UNDERTAKER Wm A Paschedag
(ADDRESS) 2825 No Grand Blv

20. FILED MAY 28 1933 J. F. Bredeck
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24 1933

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1933, to May 24, 1933
I last saw him alive on May 24, 1933. Death is said to have occurred on the date stated above, at 3 40 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Abscess of Lung	5/10/33
10 A	
16 A	
11 B	
Other contributory causes of importance:	
Pneumococcus Septic	4/12/33
Pneumo Pneumonia	5/16/33

Name of operation ..... Date of .....
What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify —
(Signed) C. R. Schaffel, M. D.
(Address) 1620 No. Blvd. St Louis