DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33886

Registration District No. 791 — NOV 13 1939

Primary Registration District No.

Registrar's No. 8424

1. PLACE OF DEATH: 1003

(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: Homer Phillips
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Since 9/5/39 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County /

22

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1715a Gratiot
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Hugh Lee Foote 300

3. (b) If veteran, name war None

3. (c) Social Security No. No

4. Sex M

5. Color or race C

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Cora Lee Foote

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased March 11, 1888 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
51	6	19	hr. min.

9. Birthplace (City, town, or county) Mississippi (State or foreign country)

10. Usual occupation nil

11. Industry or business /

FATHER
12. Name Louis Foote /
13. Birthplace (City, town, or county) Mississippi (State or foreign country)

MOTHER
14. Maiden name unknown /
15. Birthplace (City, town, or county) unknown (State or foreign country)

16. (a) Informant's own signature Cora Lee Foote
(b) Address 1715A Gratiot

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 - 2 - 39 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Ellis Funeral Home
(b) Address 2820 Stoddard St

19. (a) OCT 2 1939 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 30
year 1939 hour 1 minute a M.

21. I hereby certify that I attended the deceased from Sept. 5, 1939, 19__, to Sept. 30, 1939, 19__;
that I last saw him alive on Sept. 30, 1939, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypertensive heart disease	3-4 yrs
Due to --	
Due to --	
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 H. J. Lyman (M. D. or other)
Address 2601 N Whittier Date signed 10/2/39

(Licensed Embalmer's Statement on Reverse Side)

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.

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~~ L Bo

....., Registered Apprentice No. Mph

working under my personal supervision.

Signed Lonnie Boyk

Licensed Embalmer No. 29

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.