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.

FILED JUL 17 1940

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

20158
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1003 Registered No. 5106
(c) City St. Louis (d) Street No. Lutheran Hosp. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 420 Ursula A. Foulks
(a) Residence, No. 4121a Louisiana St. 15
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: Arthur W. Foulks
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 2-22-1877
7. AGE: YEARS 63 MONTHS 3 DAYS 18 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: housework
9. Industry or business in which work was done, as saw mill, bank, etc.: at home
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation 66

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Freeburg Illinois

FATHER
13. NAME: Charles Cox
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

MOTHER
15. MAIDEN NAME: Addie (Unknown)
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

17. INFORMANT (ADDRESS): A. W. Foulks 4121a Louisiana
18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Paul's Churchyard DATE 6-11 1940
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Southern Funeral Home 6322 S Grand
20. FILED JUN 11 1940 J. F. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 9th, 1940.
22. I HEREBY CERTIFY, That I attended deceased from June 1st 1940, to June 9th, 1940. I last saw her alive on June 9th 1940. Death is said to have occurred on the date stated above, at 3:05 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure with decompensation.	6/4/40.

Other contributory causes of importance:
Toxic Goiter (past 7 yrs.)
Chronic Myocarditis (past 7 yrs.)

Name of operation: None. Date of .....
What test confirmed diagnosis? None 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) Robert L. Drury M. D.
(Address) 3548 So. Grand Blvd. St. Louis Mo.

(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 Virgil L. Berryman

Licensed Embalmer No. 4018

P. O. Address St. Louis Mo

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, above space should be left blank.