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4-41
7-39
X26390

STANDARD CERTIFICATE OF DEATH

State File No. **22459**

District No. **713**

Primary Registration District No. **5942**

Registrar's No.

1. PLACE OF DEATH:

(a) County **Pulaski**
(b) City or town **Fort Leonard Wood, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Station Hospital, Ft. Leonard Wood, Mo. (1)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 day**
(Specify whether
In this community **one month**
years, months or days)

3. (a) PRINT FULL NAME **Stanley J. Foltz**
3. (b) If veteran, name war **--**
3. (c) Social Security No. **494-09-3863**

4. Sex **Male (1)** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Single (1)**
6. (b) Name of husband or wife **--** 6. (c) Age of husband or wife if alive **--** years
7. Birth date of deceased **March 4 1918**
(Month) (Day) (Year)

8. AGE: Years **23** Months **4** Days **--**
If less than one day **--** hr. **--** min.

9. Birthplace **Wentzville Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Soldier - U. S. Army**

11. Industry or business **Hq. Det., 20th Infantry**

MOTHER FATHER { 12. Name **Arch Lee Foltz**
13. Birthplace **Unknown O Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Adelia Foltz**
15. Birthplace **Unknown O Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Army Records**
(b) Address **Fort Leonard Wood, Missouri.**

17. (a) **Removal** (b) Date thereof **July 4, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Wentzville Mo**

18. (a) Signature of funeral director **T.E. Pittman**
(b) Address **T.E. Pittman Fun. Home Wentzville, Mo.**

19. (a) **7-7-41** (b) **Stanley J. Foltz**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Unknown 92**
(c) City or town **Wentzville 8**
(If outside city or town limits, write "RURAL") **0.**
(d) Street No. **--** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **--**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **4**
year **--** hour **--** minute **--** M.

21. I hereby certify that I attended the deceased from **--** 19 **--** to **--** 19 **--**;

that I last saw him **--** alive on **--** 19 **--** and that death occurred on the date and hour stated above.

Immediate cause of death **Skull Fracture, Mediastinal hemorrhage.**
Duration **Sudden**

Due to **--**

Due to **--**

Other conditions **--**
(Include pregnancy within 3 months of death)

Major findings: **--**
Of operations **--**

Of autopsy **Fracture at base of skull, mediastinal hemorrhage.**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **accident**
(b) Date of occurrence **July 3, 1941. 085**

(c) Where did injury occur? **Highway 17, North of, Jaynesville, Missouri.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
641 Public place

While at work? **No** (Specify type of place) (e) Means of injury **Auto accident**

23. Signature **J.A. Abraham** (M. D. or other) **07/7/41**
Address **Station Hosp., Ft. Wood, Mo.** Date signed **--**

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

JUL 16 1947

JUL 18 1947

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

R. E. Pitman

Licensed Embalmer No. *2711*

P. O. Address

Wentzville, Mo.

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

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

1-441
17-39
X26390

Registration District No. 713

Primary Registration District No. 5942

Registrar's No.

1. PLACE OF DEATH:
 (a) County Pulaski
 (b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community _____

3. (a) PRINT FULL NAME Stanley J Foltz
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____
If less than one day hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State _____ (b) County _____
 (c) City or town _____
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31
 year 1941 hour 5:50 minute A. M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;

that I last saw him _____ alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Skull fracture
Mediastinal hemorrhage
Due to Auto accident which occurred
after being struck and driving overturned
automobile on Highway 17
Due to Automobile accident
(State maintained) 2 miles so. of Coche, Mo.

Other conditions no evidence of alcoholism
(Include pregnancy within 3 months of death)
(no other auto or vehicle involved)

Major findings: _____
 Of operations _____

Of autopsy fracture base of skull mediastinal hemorrhage

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) thru auto accident
 (b) Date of occurrence July 31, 1941
 (c) Where did injury occur? Highway 17 of Pulaski, Missouri
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Highway 17 State maintained
(Specify type of place)
 While at work _____ (e) Means of injury Auto accident

23. Signature J. H. Graham, M.D. (M. D. or other) M.D.
 Address 807 1/2 E. 6th St. Springfield, Mo. Date signed 8-25-41
Camp Robinson, Ark.

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

SUPPLEMENT

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

5-22459

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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