

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26286
Registrar's No. 146

FILED AUG 8 1941
Registration District No. 4

Primary Registration District No. 2nd

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town Kirkwood, Rural, Rt. #5
(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
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Ada Dorothea Foehringer

3. (b) If veteran, name war..... 3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jacob Foehringer 6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased Nov 8 1863
(Month) (Day) (Year)

8. AGE: Years 77 Months 8 Days 5 If less than one day hr. min.

9. Birthplace St Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired housewife

11. Industry or business.....

MOTHER FATHER { 12. Name Herman Betke
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Dora Pieper
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Dary Foehringer
(b) Address Kirkwood RR #5
17. (a) Burial (b) Date thereof 7 16 41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Elm Lawn Cemetery

18. (a) Signature of funeral director Louis N. Bopp, Inc.
(b) Address 131 W. Argonne, Dr. Kirkwood
19. (a) JUL 15 1941 (b) J.R. Meyer and Son
(Date received local registrar) (Registrar's Signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis
(c) City or town Kirkwood, R.R. #5
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12
year 1941 hour noon minute M.

21. I hereby certify that I attended the deceased from Dec 9
1939, to July 12, 1941;
that I last saw her alive on July 12, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Hypertension
subtotal arteriosclerosis
Dues Diabetes Mellitus

Other conditions 61
(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) (e) Means of injury.....

23. Signature Henry Scott (M. D. or other) M.D.
Address 1300 1/2 W. 11th St. St. Louis Date signed July 14 41

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

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

John M Meyer

Licensed Embalmer No.

3285

P. O. Address

Kirkwood, 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, fact should be so stated above.