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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **33475**
8431
Registrar's No.

Registration District No. **791**
Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1 D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **13 Days**
(Specify whether
In this community **50 yrs**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL")
(d) Street No. **6600 Washington**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **22**,
year **1941** hour **10:15** minute _____ A.M.
21. I hereby certify that I attended the deceased from **October**
10, 19 **41** to **October 22**, 19 **41**,
that I last saw him alive on **October 22**, 19 **41**,
and that death occurred on the date and hour stated above.

Immediate cause of death:
Diabetes mellitus
Diabetic gangrene - left foot
Due to _____

Duration.
10 yrs. ?
3 wks. ?

Due to _____
Other conditions (Include pregnancy within 3 months of death) **61**

Major findings:
Of operations _____
Of autopsy **59**

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? _____

While at work? _____ (Specify type of place) _____ (or Means of injury)
23. Signature **Frank D. [Signature]** (M. D. or other)
Address **1515 Lafayette Avenue** Date signed **10/22/41**

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

3. (a) PRINT FULL NAME

Everett Foss

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **widowed**

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

7. Birth date of deceased **July 1 1851**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
90 3 21 hr. min.

9. Birthplace **Boston Mass 1**
(City, town, or county) (State or foreign country)

10. Usual occupation **Night Watchman**

11. Industry or business _____

FATHER { 12. Name **Unknown**
13. Birthplace **Unknown 9**
(City, town, or county) (State or foreign country)

MOTHER { 14. Maiden name **Unknown**
15. Birthplace **Unknown 9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Elmer F. Knepper**

(b) Address **5203 Beacon**

17. (a) **Partial** (b) Date thereof **10-25-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Grove**

18. (a) Signature of funeral director **Ray Mullen**
(b) Address **6041 [Address]**

19. (a) **OCT 24 1941** (b) **J. J. Bredek**
(Date received local registrar) (Registrar's signature)

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 *J. Allen Davis Jr*
Licensed Embalmer No. *4053*
P. O. Address *M. Louis*

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.