

Registration District No. **791**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5754 Kennerly Ave.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 28
year 1941 hour 12:53 A.M. minute M.
21. I hereby certify that I attended the deceased from Oct 13 1941 to Oct 28 1941
that I last saw him alive on Oct 27 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction Duration months
Due to _____
Due to _____

Other conditions None
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Rudolph P. Foelsch.

3. (b) If veteran, name war No. 3. (c) Social Security No. 494-03-6937

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

6. (b) Name of husband or wife Rose Foelsch. 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased February 25 1889.
(Month) (Day) (Year)

8. AGE: Years 52 Months 8 Days 3 If less than one day hr. min.

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

10. Usual occupation Stroth Auto Delivery

11. Industry or business Foreman.

12. Name Wm. P. Foelsch.

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

14. Maiden name Dora Uelker s

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

16. (a) Informant Rose Foelsch.

(b) Address 5754 Kennerly Ave.

17. (a) Burial. (b) Date thereof 10-31-41.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hiram Cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co.

(b) Address 2223 St. Louis Ave.

19. (a) OCT 28 1941 (b) J. T. Bredek
(Date received local registration) (Registrar's signature)

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) (c) Means of injury 0

23. Signature Arthur E. Straub (M. D. or other) M.D.
Address 539 N. Grand Date signed 10/28/41

*In Strang
Humboldt Road
130 - 5 P.m.*

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 *Walter L. Ponder*

Licensed Embalmer No. *3267*

P. O. Address *2223 St. 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.