

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 13 1942

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 1454

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

1. PLACE OF DEATH:

(a) County St. Louis Clayton

(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis County Hospital
(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.....

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis

(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")

(d) Street No. 359 S. Taylor
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Amos David Foree

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

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

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

7. Birth date of deceased Feb 26 1880
(Month) (Day) (Year)

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

62 4 7 hr. min.

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

10. Usual occupation Laborer

MOTHER FATHER

11. Industry or business.....

12. Name William Foree

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

14. Maiden name Mary Ann Kitchen

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

16. (a) Informant Francis M. Foree

(b) Address Sherman, Mo/

17. (a) Buried (b) Date thereof 7-6-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation XXXXX Oak Hill Cem.

18. (a) Signature of funeral director Louis H. Boop Inc.

(b) Address Kirkwood, Mo.

19. (a) JUL 6-1942 (b) C. W. McFarland
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3
year 1942 hour 8:05 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 Natural causes.

Due to Coronary occlusion; Acute bronchiectasis.

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy Yes.

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)

While at work?..... (e) Means of injury.....

Signature Bois H. Boop

Address Kirkwood, Mo. Date signed 7/6/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

McFarland

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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.....

Louis H. Boyd

....., Registered Apprentice No.

working under my personal supervision.

Signed *Louis H. Boyd*.....

Licensed Embalmer No. *921*.....

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.