

No. 2
5-42
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4178
Registrar's No. 1420

FILED FEB 23 1943
Registration District No. 21

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:
6240 O'Dell Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County 11
(c) City or town Stanton (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 2

3. (a) PRINT FULL NAME Mary E. Foulk
(b) If veteran, name war None
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 11th
year 1943 hour 4:30 minute A.M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Leon A. Foulk
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased April 2nd 1882
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 5.12.42 19. to 2.10.43 19. ;
that I last saw her alive on 2.10.43 19. ;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
60 10 9 _____ hr. _____ min.

Immediate cause of death Acute Myocarditis Duration 2 wks
Hypertension 4 wks
Chronic Nephritis
Due to Arteriosclerosis 3 yrs
Other conditions (Include pregnancy within 3 months of death) _____

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

PHYSICIAN
Major findings: _____
Of operations: _____
Of autopsy: _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business _____
12. Name David G. Broaders
13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)
14. Maiden name Bridget Maher
15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Leon A. Foulk
(b) Address 6240 O'Dell Ave.
17. (a) Burial (b) Date thereof 2-15-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

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? _____

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.
19. (a) FEB 23 1943 (b) J. T. Bredack
(Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place) Means of injury _____
23. Signature Murray W. Hanford (M. D. or other) 2.14.43
Address 601 University Club Bldg. Date signed _____

