

No. 7
M-2-43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 1270

FILED JUN 20 1946
Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Rural

(c) Name of hospital or institution: Robt Koch Hosp

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

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1096 days

In this community 18 years

(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St Louis 17

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

(d) Street No. 2709 Locust 9

(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME FLORENCE MAE FOSTER

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 8 year 1946 hour 3 minute 25 A.M.

4. Sex Female 5. Color or race Bl

6. (a) Single, widowed, married, divorced, Single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: 6 (Month) 3 (Day) 1922 (Year)

21. I hereby certify that I attended the deceased from 6-8, 1946, to 6-8, 1946; that I last saw him alive on 6-7, 1946; and that death occurred on the date and hour stated above.

8. AGE: Years 24 Months - Days 5 If less than one day - hr. - min.

Immediate cause of death Tubercular Tbc P.A.

Due to _____

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

10. Usual occupation Stenographer

Due to Secondary Anemia

Other conditions Sec. Anemia

(Include pregnancy within 3 months of death)

Sec. Anemia

11. Industry or business _____

MOTHER FATHER

12. Name William Futrell

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

14. Maiden name Leather

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

16. (a) Informant Deceased

Major findings: Of operations _____

Of autopsy _____

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-12-46 (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 W. J. Nash

(b) Address 3844 Vose

19. (a) 6-11-46 (Date received local registrar) (b) E. J. McSavignat (Registrar's signature)

While at work? _____ (Specify type of plane)

(c) Means of injury _____

23. Signature Robert Koch (M. D. or other) 6/8/46

Address Robt Koch Hosp. - Kiel, MO Date signed _____

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

20200 6-18-46

JUL 23 1945

JUN 20 1948

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 C. J. Mosh

Licensed Embalmer No. 2432

P. O. Address 3847 Page

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.