

Registration District No. 310 Primary Registration District No. 3058

1. PLACE OF DEATH:  
(a) County ST. CHARLES  
(b) City or town ST. CHARLES Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
824 Clark Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community Life (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Charles  
(c) City or town St. Charles  
(If outside city or town limits, write "RURAL")  
(d) Street No. 824 Clark Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JOHN FOLA  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None  
4. Sex M 5. Color or race Negro  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Adah Fola 6. (c) Age of husband or wife if alive 54 years  
7. Birth date of deceased February 24th 1885  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb day 14  
year 1947 hour 6 minute A M.  
21. I hereby certify that I attended the deceased from 9-3-46  
\_\_\_\_\_, 19\_\_\_\_, to 2-14-47, 19\_\_\_\_;  
that I last saw him alive on 2-14-47, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

| 8. AGE: | Years     | Months    | Days      | If less than one day |
|---------|-----------|-----------|-----------|----------------------|
|         | <u>61</u> | <u>11</u> | <u>20</u> | hr. _____ min. _____ |

Immediate cause of death \_\_\_\_\_  
Chr. Myocarditis  
Due to \_\_\_\_\_  
Duration 3 yrs  
Due to \_\_\_\_\_

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
10. Usual occupation Mail Clerk  
11. Industry or business Railroad  
12. Name Oscar Fola  
13. Birthplace Norfolk, Virginia  
(City, town, or county) (State or foreign country)  
14. Maiden name SARA RICKS  
(City, town, or county) (State or foreign country)  
15. Birthplace Janesburgh, Missouri  
(City, town, or county) (State or foreign country)

Other conditions: Cirrhosis of liver  
(include pregnancy within 3 months of death) Duration 3 yrs  
Major findings: 93D  
'Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Adah Fola  
(b) Address 824 Clark Street  
17. (a) Burial (b) Date thereof 2-17-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Oak Grove Cemetery  
18. (a) Signature of funeral director Charles J. Gates  
(b) Address 4107 Finney Avenue-St. Louis  
19. (a) 2/19/47 (b) K. Annie Hamel  
(Day received local registrar) (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) Means of injury \_\_\_\_\_  
Signature R. J. Biddle (M. D. or other) \_\_\_\_\_  
Address 126 S. MAIN Date signed 2/14/47

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

MOTHER FATHER

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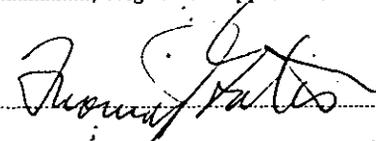
RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed 2-25-47

MAR 6 1947

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.....

.....Thomas J. Gates....., Registered Apprentice No.....  
working under my personal supervision.

Signed..........

..... Licensed Embalmer No. 4259.....

P. O. Address 4107 Finney Avenue.....

**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.**