V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED APR 14 1947 318 1003

State File No. 10828

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 3326

1. PLACE OF DEATH:

(a) County .....

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 18000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4362a Chouteau 9
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME James Foreman

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

4. Sex Male 0 | 5. Color or race White | 6. (a) Single, widowed, married, divorced Married 1

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

7. Birth date of deceased Sept. 30, 1862 (Month) (Day) (Year)

8. AGE: Years 84 | Months 6 | Days 27 | If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Nil

11. Industry or business .....

FATHER
12. Name Peter Foreman
13. Birthplace ..... (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name Mary Grundo
15. Birthplace ..... (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Flossie Wolf 1
(b) Address 4362a Chouteau

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/31/47 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Edith E. Ambruster
(b) Address 4234 Manchester

19. (a) MAR 28 1947 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27 year 1947 hour 12.25A.M. minute ..... M.

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

Immediate cause of death Fracture of left Hip Arteriosclerosis when he fell to the floor in the basement of his home on March 30 1947 about 8:30 a.m.

Due to .....

Due to .....

Other conditions ..... (Include pregnancy within 3 months of death) 186

Major findings: Of operations 18

Of autopsy .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence March 3, 1947 000

(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)

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

23. Signature [signature] (M. D. or other) 3

Address [signature] Date signed 3/28/47

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 1284

P. O. Address. St Louis 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.