

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5858

1. PLACE OF DEATH:

(a) County St Louis, Mo.  
(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:  
4165 Russell  
(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

3. (a) PRINT FULL NAME Frank Foreman.

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 Married

6. (b) Name of husband or wife Myrtle. 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Dec. 13 1894  
(Month) (Day) (Year)

8. AGE: Years 52 Months 6 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Nil.

11. Industry or business \_\_\_\_\_

12. Name Dr. Charles Foreman

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

14. Maiden name Mary Bentley

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

16. (a) Informant Mrs. Myrtle Foreman

(b) Address 4165 Russell Ave.

17. (a) Burial (b) Date thereof 6/17/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warrenton Mo.

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester Ave.

19. (a) JUN 16 1947 (Date received local registrar) J. F. Brodeur (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 000  
(c) City or town St. Louis, (If outside city or town limits, write "RURAL") 17  
4165 Russell Ave. (If rural, give location)  
(d) Street No. 17 (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14  
year 1947 hour 3 P.M. minute 15 P.M.

21. I hereby certify that I attended the deceased from January 1946 to June 14 1947  
that I last saw him alive on June 10 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Coronary occlusion

Due to Hypertensive heart - disease 12 year

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death) 93

Major findings: Of operations \_\_\_\_\_

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) \_\_\_\_\_

(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) (e) Means of injury 0

23. Signature Ernest Younger (M. D. or other) M.D.

Address 3624 Russell Date signed 6/14/47

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

MOTHER FATHER

**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.....

*Flanny Eymet*

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.**