

FILED AUG 8 1948
Registration District No. 18

Primary Registration District No. 1003

Registrar's No. 7159

WRITE PLAINLY—USING 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 St. Ann's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison

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

(d) Street No. 3915 W. Belle Place
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME William L. Folsom

3. (b) If veteran, name war.....

3. (c) Social Security No.

4. Sex male Color or race col

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 Dec 25th 1897
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>49</u>	<u>7</u>	<u>4</u> hr. min.

9. Birthplace unk Oklahoma
(City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business.....

12. Name unk

13. Birthplace unk unk 9
(City, town, or county) (State or foreign country)

14. Maiden name unk

15. Birthplace unk unk 9
(City, town, or county) (State or foreign country)

16. (a) Informant Louisa F. Curry

(b) Address 3915 W. Belle Pl

17. (a) burial (b) Date thereof 8-2-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. H. Randle & Son

(b) Address 3433 Belle Ave

19. (a) AUG 8 1948 J. F. Brodeur
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29th
year 1947 hour 15:30 minute A M.

21. I hereby certify that I attended the deceased from.....
....., 19....., to....., 19.....;

that I last saw him..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion (Sclerosis)

Due to.....

Due to.....

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

PHYSICIAN

Major findings:
Of operations.....

Of autopsy.....

Underline the cause of 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?.....
(Specify type of place)

While at work..... means of injury.....

23. Signature Alfred Perry (M. D. or other) D
Address Deputy Colonel Date signed 7/30/47

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

S. J. Watson

Licensed Embalmer No.

269A

P. O. Address

2769 Chouteau

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.