

No. 2
5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35723

State File No. _____
Registrar's No. 9518

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis Missouri
(c) Name of hospital or institution:
Mo Baptist Hospital
(d) Length of stay: In hospital or institution _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis
(d) Street No. 501a Lucas Av
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME William M. Foltyn
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 10 day 14 year 1947 hour 4 minute 40 a.m.
21. I hereby certify that I attended the deceased from 9-27 1947 to 10-14 1947
that I last saw him alive on 10-13 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Marion 6. (c) Age of husband or wife if alive 47 years

Immediate cause of death Acute Suppression of urine Duration 24 hrs
Due to Embolus - Ascending Vein Cava 48 hrs
Other conditions Abscessed Gall Bladder 2 weeks
Major findings: Acute abscessed Gall Bladder & Gall stones
Of autopsy _____

7. Birth date of deceased: April 16 1893
8. AGE: Years 54 Months 5 Days 28 If less than one day _____

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

9. Birthplace Vienna
10. Usual occupation Garage Operator Manager
11. Industry or business _____

MOTHER FATHER {
12. Name Michael Metatas
13. Birthplace Vienna
14. Maiden name Unknown
15. Birthplace Unknown
16. (a) Informant Marion E. Foltyn
(b) Address 501a Lucas Av
17. (a) Cremation (b) Date thereof 10/17/47
(c) Place: burial or cremation Mo Crematory
18. (a) Signature of funeral director Wm C. Morgan
(b) Address 1926 Allen Av
19. (a) OCT 14 1947 (b) J. F. Bredeck

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work _____ Means of injury _____
Signature Richard H. Scott (M. D. or other) MD
Address 270-21-4th Date signed 10/15/47

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

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 me
....., Registered Apprentice No.....
working under my personal supervision.

Signed Bing O. Duncan
Licensed Embalmer No. 2272
P. O. Address 1926 Allen

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.