

No. 2  
-5-42  
-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

38113

FILED DEC 14 1948  
318

State File No. ....

Registrar's No. 10557

Registration District No. ....

Primary Registration District No. ....

1. PLACE OF DEATH:

(a) County ~~St. Louis, Missouri~~  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: DePaul  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days  
In this community 3 days  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

Leona C. Foerster

3. (b) If veteran, name war none  
3. (c) Social Security No. none

4. Sex female 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Wallace  
6. (c) Age of husband or wife if alive 44 years  
7. Birth date of deceased February 9 1907  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	41	9	25	hr. min.

9. Birthplace Belleville Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation house wife

11. Industry or business Own home

MOTHER FATHER

12. Name Phillip Scheic

13. Birthplace Belleville Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Schwoebel

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

16. (a) Informant Wallace Foerster

(b) Address Dupo, Illinois

17. (a) removal to Dupo (b) Date thereof Dec. 4 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belleville, Illinois

18. (a) Signature of funeral director Harold A. Neelander

(b) Address 326 South Main, Dupo, Illinois

19. (a) DEC 6 1948 (b) J. B. Leaster  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair  
(c) City or town Dupo  
(If outside city or town limits, write "RURAL")  
(d) Street No. 115 North 2nd  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4  
year 1948 hour 8:30 minute A.M.

21. I hereby certify that I attended the deceased from Nov. 1948  
1948 to Dec 4, 1948;  
that I last saw her alive on Dec 3, 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Renovated metastases from carcinoma of left breast.

Due to 50

Other conditions (Include pregnancy within 3 months of death)

Major findings: As above

Of operations  
Of autopsy

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

23. Signature George A. Canoll (M. D. or other)

Address 607 N. Board Date signed 12/4

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

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

10557

---

---

**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.....

..... body not embalmed ....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... Harold A. Nashner .....

Licensed Embalmer No.....

P. O. Address. 326 South Main Dupo. Ill

**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.**