

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6196

FILED MAR 4 1950

State File No.

1613

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		b. COUNTY Missouri	
c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) 65 St. Louisian		
d. FULL NAME OF HOSPITAL OR INSTITUTION 6570 Tholozan	d. STREET ADDRESS (If rural, give location) 6570 Tholozan		

3. NAME OF DECEASED (Type or Print) a. (First) Estella	b. (Middle)	c. (Last) Foddy	4. DATE OF DEATH (Month) (Day) (Year) Feb 17 1950
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH August 15, 1889	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months 6	IF UNDER 2 HRS. Days 2	IF UNDER 2 HRS. Hours 2	IF UNDER 2 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Kansas City, Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME not known	13b. MOTHER'S MAIDEN NAME not known	14. NAME OF HUSBAND OR WIFE Frank A. Foddy
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Frank A. Foddy	ADDRESS 6570 Tholozan
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Infarction of Myocardium		INTERVAL BETWEEN ONSET AND DEATH 1 hr
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension + Arteriosclerosis		3 yrs +
	DUE TO (c) Cerebral palsy (progressive)		11 yrs +
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Artery Thrombosis			11 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION bilateral	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis MO
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 420 ft
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22. I hereby certify that I attended the deceased from **May 12, 1948**, to **Feb 17, 1950**, that I last saw the deceased alive on **Feb 17, 1950**, and that death occurred at **12:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Ray David Williams MD (Degree or title)	23b. ADDRESS 114 No. Taylor, St. Louis MO	23c. DATE SIGNED 17 Feb 50
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Feb. 20, 1950	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
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DATE REC'D BY LOCAL REG. FEB 18 1950	REGISTRAR'S SIGNATURE J. B. Lasater	25. FUNERAL DIRECTOR'S SIGNATURE A. Krow	ADDRESS 24 U. Co. 2707 N. Grand
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0791

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 _____
Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed Stanley H. Dixon

Licensed Embalmer No. 4193

P. O. Address St. Louis

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.