

FILED JUN 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18957

State File No.

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **1159**

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|--|--|---|---|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Manchester | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo. | |
| c. LENGTH OF STAY (in this place) 6 Mo | | d. STREET ADDRESS (If rural, give location) 221 So. Broadway | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Pine Crest Nursing Home | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Charles | | b. (Middle) W. | |
| c. (Last) Fouke | | 4. DATE OF DEATH (Month) (Day) (Year) 5 2 50 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Unknown | 8. DATE OF BIRTH 6/27/1881 |
| 9. AGE (In years last birthday) 68 | 10. MONTHS 9 | 11. BIRTHPLACE (State or foreign country) Ohio | 12. CITIZEN OF WHAT COUNTRY? US |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown | 10b. KIND OF BUSINESS OR INDUSTRY Unknown | 14. NAME OF HUSBAND OR WIFE Unknown | |
| 13a. FATHER'S NAME J.S. Fouke | | 13b. MOTHER'S MAIDEN NAME L. A. Carr | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown | | 16. SOCIAL SECURITY NO. 300-16-3196 | |
| 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Pine Crest Nursing Home | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | MEDICAL CERTIFICATION | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac dilatation | | INTERVAL BETWEEN ONSET AND DEATH 1 day | |
| ANTECEDENT CAUSES Chronic Myocarditis | | DUE TO (b) Sepsis | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | DUE TO (c) Senility | |
| II. OTHER SIGNIFICANT CONDITIONS Senility | | 19. MAJOR FINDINGS OF OPERATION 422.2 | |
| 19a. DATE OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from 4/14 19 50 , to 5/2 19 50 , that I last saw the deceased alive on 5/19 19 50 , and that death occurred at 8 a m. from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) R. Sheslie M.D. | | 23b. ADDRESS Kirkwood, Mo. | |
| 23c. DATE SIGNED 5/3-50 | | 24. LOCATION (City, town, or county) (State) St. Louis University | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removed | 24b. DATE 5-5-50 | 24c. NAME OF CEMETERY OR CREMATORY Anatomical | 24d. LOCATION (City, town, or county) (State) St. Louis University |
| DATE REC'D BY LOCAL REG. MAY 5 1950 | REGISTRAR'S SIGNATURE Robert J. ... | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rowland Mortuary Service Inc. 4104 Manchester Ave. St. Louis 10, Mo. | |

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

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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.....

Licensed Embalmer No.....

P. O. Address.....

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.