

FILED JUN 23 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21514

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5100**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>2159</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>15 4666 Louisiana 0</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Edward</b>		b. (Middle) <b>Louis</b>	
		c. (Last) <b>Foth</b>	
		4. DATE OF DEATH (Month) (Day) (Year) <b>6/8/50</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow 2</b>		8. DATE OF BIRTH <b>Feb. 21, 1874</b>	
9. AGE (In years last birthday) <b>76</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>	
10b. KIND OF BUSINESS OR INDUSTRY <b>---</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri 0</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Henry Foth</b>	
13b. MOTHER'S MAIDEN NAME <b>Helen Grund</b>		14. NAME OF HUSBAND OR WIFE <b>Helen A.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>---</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Evelyn Foth--</b>		ADDRESS <b>4666 Louisiana</b>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Subdural Hematoma;</b> ANTECEDENT CAUSES <b>suffered when he fell out of bed at City Infirmary Hospital.</b> DUE TO (b) <b>May 29, 1950 about 1:40 pm</b> DUE TO (c) <b>Accident</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Accident</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>000</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Infirmary</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis Mo</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>May 29 5:40 p m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>E 9027</b>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>7:05A m.</b> , from the causes and on the date stated above. <b>45</b>	
23a. SIGNATURE <b>Joseph M. Quinn</b> (Degree or title) <b>Coroner 3</b>		23b. ADDRESS <b>1300 Clark</b>	
23c. DATE SIGNED <b>6/10/50</b>		24a. BURIAL OR CREMATION (Specify) <b>BURIAL</b>	
24b. DATE <b>6/12/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Missouri</b>		DATE REC'D BY LOCAL REG. <b>JUN 10 1950</b>	
REGISTRAR'S SIGNATURE <b>J. B. Lasarte</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Wacker-Welder</b> ADDRESS <b>3634 Gravois</b>	

WRITE PLAINLY—USING 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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed Robert C Wheeler

Licensed Embalmer No. 2128

P. O. Address Louis mo

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.