

FILED SEP 1 1951

STANDARD CERTIFICATE OF DEATH

28237  
7588  
State File No. 1003  
Registrar's No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>0</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY _____	
b. CITY OR TOWN <b>ST. LOUIS MO</b>	c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN <b>ST. LOUIS 2239</b>	d. STREET ADDRESS (If rural, give location) <b>2639 ANN 0</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. LOUIS CITY HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b> b. (Middle) <b>—</b> c. (Last) <b>FOIT</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>AUG. 26 1951</b>		
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>MAY 27 1880</b>	9. AGE (In years last birthday) <b>71</b>	10. MONTHS <b>—</b>	11. DAYS <b>—</b>	12. IF UNDER 1 YEAR <b>—</b>	13. IF UNDER 24 HRS. <b>—</b>	14. IF UNDER 1 MIN. <b>—</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED PAINTER</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>MISSOURI 0</b>		12. CITIZEN OF WHAT COUNTRY? _____	
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13a. FATHER'S NAME <b>JOHN FOIT</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		14. NAME OF HUSBAND OR WIFE <b>MARIE FOIT</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MARIE FOIT 2639 ANN</b>			
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary edema</b>				INTERVAL BETWEEN ONSET AND DEATH <b>—</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Myocardial infarction</b>			
				DUE TO (c) <b>Coronary sclerosis</b>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>—</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>—</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>—</b>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>H201</b>
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22. I hereby certify that I attended the deceased from **Aug 12, 1951**, to **Aug 25, 1951**, that I last saw the deceased alive on **Aug 25, 1951**, and that death occurred at **8 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Edward H. Hamble M.D.</b>	23b. ADDRESS <b>1504 So Grand</b>	23c. DATE SIGNED <b>8/27/51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>AUG. 29 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY CEM.</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO</b>
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DATE RECD BY LOCAL REG. <b>AUG 27 1951</b>	REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D. R.P.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Thomas Kutisi 2906 Grand</b>
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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Prof. Budde*

Licensed Embalmer No.

*3989*

P. O. Address

*St. 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.