No. 300
10.48

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

FILED JUN 2 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18764

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 1286

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clayton
c. LENGTH OF STAY (In this place): D.O.A.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): D.O. A. County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wellston
d. STREET ADDRESS (If rural, give location): 6810 ~~Primrose~~ Primrose

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Steve
c. (Last): Fogila ~~Foglia~~

4. DATE OF DEATH (Month) (Day) (Year): 5-12-52

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 10-11-1910 ~~10-12-1910~~
9. AGE (In years last birthday): 41 — If under 1 year: Months / Days — If under 1 day: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): machine oper.
10b. KIND OF BUSINESS OR INDUSTRY: Wagner Electric
11. BIRTHPLACE (City and State or Foreign Country): Herrin, Illinois
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: Stephen ~~Foglia~~ FOGLIA
13b. MOTHER'S MAIDEN NAME: Maria Garzonia
14. NAME OF HUSBAND OR WIFE: Julia ~~Foglia~~ FOGLIA
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): WW#2 — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 342-05-6218
17. INFORMANT'S SIGNATURE OR NAME: Julia ~~Foglia~~ FOGLIA, Herrin, Ill. — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured skull and brain damage-

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) suffered when in some unexplained manner, his head came in contact

DUE TO (c) with an automatic screw machine which was in operation and over which he had control at Wagner Electric Corp.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Factory
21c. (CITY, TOWN, OR TOWNSHIP) // (COUNTY) (STATE): Wellston St. Louis Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 5/12/52 9:45 P.m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Head caught in automatic screw machine

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 _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Conrad J. Willmann (Degree or title): Coroner
23b. ADDRESS: Clayton, Mo.
23c. DATE SIGNED: 5/16/52
24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: 5-14-52
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Herrin, Ill.
DATE REC'D BY LOCAL REG.: 5-16-52
REGISTRAR'S SIGNATURE: Herbert R. Domke MD
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Moroni-Johnson, Herrin, Ill.

SW (Licensed Embalmer's Statement on Reverse Side)

JUN 23 1952

OCT 10 1952

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

OCT 16 1952

Signed Ronald O Yabuke

Licensed Embalmer No. 3917

P. O. Address Stockton

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 187652
Local Registrar's No. .....

On this 22 day of May, 1952, before me appears Donald Aker, who, upon his oath, states that the original record of ~~birth~~ death for John Steve Foglia, ~~born~~ died 5-12, 1952, in the State of Missouri, and which was filed at Clayton Mo on 5-16, 1952, should be corrected as follows:

Item No. 3 should read JOHN Steve Foglia
Instead of John Steve Foglia

Item No. 8 should read 10-11-1910
Instead of 10-12-1910

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Donald C Aker
Relationship.

4104 Manchester
Present Address.

Subscribed and sworn to before me this 27 day of May, 1952

My Commission expires April 25-1954 Howard F. Rowland Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
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