

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37185

State File No.

FILED OCT 30 1953

318

1003

Registrar's No. 10042

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

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|--|-----------------------|--|------------------------------------|--|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | | | |
| b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis, Missouri | | c. LENGTH OF STAY (in this place) 1 Wk. 2 Days | | c. CITY OR TOWN St. Louis, Mo, d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION MOPAC HOSP | | e. STREET ADDRESS (If rural, give location) 4027 Magnolia Place 2179 | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) MANNING c. (Last) FOLLUO | | 4. DATE OF DEATH Oct. 20 1953 | | | |
| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH Sept. 30, 1863 | 9. AGE (In years last birthday) 90 | IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Lumber Inspector - Retired-Terminal R.R. | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) Cincinnati, Ohio | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME Littleton Folluo | | 13b. MOTHER'S MAIDEN NAME Selcua Martin | |
| 14. NAME OF HUSBAND OR WIFE Minnie | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT'S SIGNATURE OR NAME Minnie Folluo, 4027 Magnolia Place, St. Louis | | 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, asthma, etc. It means the disease, injury, or complication which caused death. | | | |

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| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <i>Myocardial Infarction</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Coronary Artery Occlusion</i> DUE TO (c) <i>Arteriosclerosis</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | INTERVAL BETWEEN ONSET AND DEATH <i> sudden</i> | |
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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS 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) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? 4201 |

22. I hereby certify that I attended the deceased from 10/10 1953, to 10/20, 1953, that I last saw the deceased alive on 10/19, 1953, and that death occurred at 7:52 a. m., from the causes and on the date stated above.

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| 23a. SIGNATURE <i>Edward B. Hosts M.D.</i> | | 23b. ADDRESS <i>Mo Pac Hosp.</i> | | 23c. DATE SIGNED 10/20/53 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 10-23-1953 | 24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri | | |
| DATE REC'D BY LOCAL REG. OCT 21 1953 | REGISTRAR'S SIGNATURE <i>Carl Smith</i> | 25. FUNERAL DIRECTOR'S SIGNATURE <i>McLaughlin</i> | | ADDRESS McLaughlin Funeral Home, Inc. 2301 Lafayette St. Louis 4, Missouri | |

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed..... *James R. Chapman*

Licensed Embalmer No... *45*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.