

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011617
STATE FILE NUMBER

FILED MAR 31 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2287

300
-57

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, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 32 St. Luke's Hospital		Length of stay in lb 3 1/2 days	d. STREET ADDRESS (If outside, give location) 2 7028 Jamieson Ave.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last LILLIE B. FOREMAN			4. DATE OF DEATH Month Day Year February 23, 1958		
5. SEX F /	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9-7-1867		9. AGE (In years last birthday) 90
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife (retired)		10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (City and state or country) Marion Co., Mo. 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME James Allen		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Clarence T. Foreman	
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. None		17. INFORMANT Mrs. Malcolm Rich, above	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Fracture of Left Femur;</i> DUE TO (b) <i>Myocardial Infarct;</i> DUE TO (c) <i>Coronary Occlusion; E9040.2</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>bedroom of home at 7028 Jamieson, about 200' east, on</i>		
20c. TIME OF INJURY Hour Month, Day, Year 200 a.m. 2 21 58 February 21, 1958.			20f. CITY, TOWN, OR LOCATION COUNTY STATE <i>St. Louis Mo</i>		
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at <i>11:30 p.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			22a. SIGNATURE (Degree or title) <i>James M. Kelly, Deputy</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal			23b. DATE 2-26-1958		23c. NAME OF CEMETERY OR CREMATORY Columbia Cemetery
24. FUNERAL DIRECTOR JAY B. SMITH, Maplewood, Mo.			25. DATE RECD. BY LOCAL REG. FEB 25 '58		22c. DATE SIGNED 2-25-58
26. REGISTERAR'S SIGNATURE <i>Carl Smith Mo</i>					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in their reports - no symptoms. All diseases in Part I must be causally related.

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 *H. P. Burgess*
Licensed Embalmer No. *4029*
P. O. Address *Maplewood*

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.