

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-009464

STATE FILE NUMBER

Registration District No. 162 Primary Registration District No. 5595 Registrar's No. 21

FILED VS MAR 15 1961.

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| 1. PLACE OF DEATH a. COUNTY Jefferson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jefferson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Arnold | Length of stay in 1b 11-yrs. | c. CITY OR TOWN Arnold | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt. #3, Box #54 | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Rt. #1, Box #54 |
| Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |

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| 3. NAME OF DECEASED (Type or print) First George Middle S. Last Foulk, Sr. | 4. DATE OF DEATH Month Feb. Day 28, Year 1961 |
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| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH Apr. 14, 93 | 9. AGE (last birthday) 67 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HR Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) (retired) Auto Mechanic | 10b. KIND OF BUSINESS OR INDUSTRY Wonder Bakery | 11. BIRTHPLACE (City and state or country) St. Louis, Missouri | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
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| 13a. FATHER'S NAME Willis Foulk | 13b. MOTHER'S MAIDEN NAME Lena | 14. NAME OF HUSBAND OR WIFE Cecelia Urberger Foulk |
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| 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 George S. Foulk - 3933 Eichelberger |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY THROMBOSIS | | INTERVAL BETWEEN ONSET AND DEATH _____ |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) _____ | |
| | DUE TO (c) _____ | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
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| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. | Month, Day, Year _____ |
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| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION St. Louis, Missouri | COUNTY _____ STATE _____ |
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21. I attended the deceased from **Coroner's View** and last saw ^{her}him alive on _____
Death occurred **Mar 4 11:15 P** on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE <i>James C. Palmer M.C. Coroner</i> | (Degree or title) | 22b. ADDRESS Festus, Mo. | 22c. DATE SIGNED 3/6/61 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE Mar. 4, 1961 | 23c. NAME OF CEMETERY OR CREMATORY Park Lawn Cemetery | 23d. LOCATION (City, town, or county) St. Louis County, Missouri |
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| 24. FUNERAL DIRECTOR WACKER-HELDERLE-3634 Gravois Ave. | ADDRESS | 25. DATE RECD. BY LOCAL REG. 3-4-61 | 26. REGISTRAR'S SIGNATURE <i>Robert E. Bauer</i> |
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DATE AWARDED
 FILED VS
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF

MAR 16 1961

MAR 24 1961

VS MAR 15 1961

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 Lawrence M. Bille

Licensed Embalmer No. 4375
P.O. Address St. Louis 23, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.