

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318 KC-7944408

SL 26060

1903

Registrar's No.

11775

61-046290

STATE FILE NUMBER

Registration District No.

Primary Registration District No.

FILED DEC 21 1961

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY MARION			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.		Length of stay in 1b 12 DAYS		c. CITY OR TOWN CENTRALIA		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET ADM HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS 123 CONDIT		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last KENNETH F. FOGLEMAN				4. DATE OF DEATH Month Day Year DECEMBER 17, 1961			
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 11-1-04	9. AGE (last birthday) 57	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SWITCHMAN		10b. KIND OF BUSINESS OR INDUSTRY RAILROAD		11. BIRTHPLACE (City and state or country) LITCHFIELD, ILLINOIS		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME LOUIS FOGLEMAN			13b. MOTHER'S MAIDEN NAME EMMA FOLLIS		14. NAME OF HUSBAND OR WIFE CLAIRE FOGLEMAN		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWII				17. INFORMANT Address CLAIRE FOGLEMAN, SEE # 2d			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MALIGNANT MELANOMA WITH METASTASES TO LYMPHATICS, COLON, BRAIN, AND STOMACH Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 190.9 DUE TO (c)						INTERVAL BETWEEN ONSET AND DEATH	
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		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)				
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year						
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		COUNTY	STATE
21 VA attended the deceased from 12-5-61 to 12-17-61 and last saw him alive on 12-17-61 Death occurred at 7:15 p. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE ANDREW W. ROBERTS M.D.				22b. ADDRESS VAH, ST. LOUIS, MO.		22c. DATE SIGNED 12-17-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-20-61	23c. NAME OF CEMETERY OR CREMATORY City Cemetery		23d. LOCATION (City, town, or county) Centralia, Ill.		(State)	
24. FUNERAL DIRECTOR Ira Garnier, Centralia, Ill.			ADDRESS		25. DATE RECD. BY LOCAL REG. DEC 18 1961	26. REGISTRAR'S SIGNATURE Coal Smith, M.D.	

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 John J. Kessly III

Licensed Embalmer No. 5039

P. O. Address E. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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