

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

11292 -62-044212
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11292

DO NOT WRITE ON THIS STUB

AMENDED

FILED NOV 30 1962

VS 300
Rev. 4/59
1
2 <u>2/4</u>
3
4 <u>1</u>
5 <u>1</u>
6
7 <u>0</u>
8 <u>1</u>
9
10
11
12 <u>52-0</u>
13

DATE AMENDED
<u>12/28/62</u>
<u>12/28/62</u>
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
<u>11/24/62; Motz; Redeemer</u>
<u>11/24/62</u>
SHOULD READ
<u>11/23/62; Motz; Redeemer</u>
<u>11/23/62</u>

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF Attendant and Funeral Dir. DOCUMENT

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Length of stay in 1b		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE		b. COUNTY	
		St. Louis, Mo.		78		Missouri			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION				Inside Limits		d. STREET ADDRESS (If outside, give location)			
BARNES HOSPITAL				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		6466 Devonshire			
3. NAME OF DECEASED (Type or print)						4. DATE OF DEATH		5. Year	
First Middle Last Ada J. Foerster						Month Day Nov. 24, 1962		Year 1962	
5. SEX		6. COLOR OR RACE		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH		9. AGE (last birthday)	
Female		W				1/21/1884		78	
10a. USUAL OCCUPATION (Give kind of work done during most of life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY	
at home				house wife		St. Louis			
13a. FATHER'S NAME				13b. MOTHER'S MAIDEN NAME			14. NAME OF HUSBAND OR WIFE		
Henry Mortz Motz				Laura Stoewener			Frank H. Foerster		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT Address			
NO				none		Dr. Frank H. Foerster 6466 Devonshire			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Metastasis liver carcinoma</u> DUE TO (b) <u>156.2</u> DUE TO (c) _____ 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 checked="" 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	
				23/		23/			
21. I attended the deceased from _____ to <u>11/24/62</u> and last saw her alive on <u>11/24/62</u> . Death occurred at <u>9:25 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title)						22b. ADDRESS		22c. DATE SIGNED	
<u>Charles M. Singleton II</u>						BARNES HOSPITAL		<u>11/24-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)			
Removal		11/24/62		Our Redeemer Cemetery		St. Louis, County Missouri			
24. FUNERAL DIRECTOR ADDRESS				25. DATE RECEIVED BY LOCAL REG.		26. REGISTRAR'S SIGNATURE			
BEIDERWIEDEN F.H.INC., 1936 ST. LOUIS AVE.				NOV 26 1962		<u>Lead Smith, M.D.</u>			

MEDICAL CERTIFICATION

WALKER HOSPITAL

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 Thomas H. Jintz

Licensed Embalmer No. 3882

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.