27 1931

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

7003

1. PLACE OF DEATH
County St. Louis — Registration District No. 1160 — File No.
Township Central — Primary Registration District No. 4470 — Registered No. 22
City University City (No. 7210 Dorsett Ave. St. Ward)

2. FULL NAME William R. Fourqurean
(a) Residence. No. 7210 Dorsett Ave. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Bertie Fourqurean
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 8. 1851
7. AGE: Years 80, Months 1, Days 7; If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Ret. Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN): Halifax
(STATE OR COUNTRY): Va.

PARENTS
10. NAME OF FATHER: William T. Fourqurean
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Va.
12. MAIDEN NAME OF MOTHER: Eliza E. Boxley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Va.

14. INFORMANT: Bertie Fourqurean
(Address) 7210 Dorsett

15. FILED 2-16, 1931 Lena V. Moeller D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-15- 1931
17. I HEREBY CERTIFY, That I attended deceased from Oct Sventeenth, 1930 to Feb 15, 1931 that I last saw him alive on Feb 14, 1931, and that death occurred, on the date stated above, at 1 p.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma Caecum and Urinary Bladder
46A
51B (duration) 1 yrs. — mos. — ds.
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? NO DATE OF
WAS THERE AN AUTOPSY? NO
WHAT TEST CONFIRMED DIAGNOSIS? Xray Findings
(Signed) M. J. Custer, M. D.
, 19 (Address) 1010-818 Olive

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Gracey Ky.
DATE OF BURIAL: 2-16-1931 2-16 19
20. UNDERTAKER: Alexander & Sons
ADDRESS: 6175 Delmar

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
S. No. 2.

Dr. M. L. Cooper. 7440 University Drive

530 to 6 –