

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

Do not use this space.  
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**1. PLACE OF DEATH**

County Jackson Registration District No. 6  
Township 1st Primary Registration District No. S. C. C. 43  
City St. Louis (No. Franklin) (Ward)

File No. \_\_\_\_\_  
Registered No. 1177  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 1215 Colorado 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Grace Fosch  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 17 - 1876  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
56 11 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

FATHER 13. NAME Herman Fosch

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

MOTHER 15. MAIDEN NAME Mrs. Metz

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT (ADDRESS) H. H. G. Fosch

18. BURIAL, CREMATION, OR REMOVAL PLACE Wash. Cem. DATE March 23, 1932

19. UNDERTAKER (ADDRESS) W. H. Henderson

20. FILED 3/21 19 32 M. Cropper Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1932 to March 20, 1932  
I last saw him alive on March 19, 1932 Death is said to have occurred on the date stated above, at 1:30 p. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach (Date of onset) Oct 1931

46  
1321  
46 B (1)

Other contributory causes of importance:  
Gastro-schleimic  
typhilitis

Name of operation Gastro-enterostomy Date of \_\_\_\_\_

What test confirmed diagnosis? Ray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? No Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_ (Signed) W. H. Henderson M. D.  
(Address) 900 Wash. Light Bulb Bldg.  
Kansas City, Mo.

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.

WHITE COPY, WITH UNWRAPPING TAP—THIS IS A PERMANENT RECORD

