

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

Do not use this space.

1935

**1. PLACE OF DEATH**

County Cape Girardeau Registration District No. 137  
 Township Randol Primary Registration District No. 5782  
 City (No. R.F. D. #1 Cape Girardeau, Mo. 6st. Ward)

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

**2. FULL NAME** Dena Foeste  
 (a) Residence, No. R. F. D. #1 Cape Girardeau Mo. Ward. (If nonresident, give city or town and State)  
 (Usual place of abode)  
 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** Female. **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) Widowed.  
**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** John Foeste.

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** June 1, 1864.

**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
 71. 0 22.

**OCCUPATION**  
**8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.** House Work.  
**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)** Egypt Mills, Mo.

**FATHER**  
**13. NAME** Hy Brockmeyer.

**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Germany.

**MOTHER**  
**15. MAIDEN NAME** Rena Bedford.

**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Egypt Mills, Mo.

**17. INFORMANT (ADDRESS)** John Foeste Jr. Cape Girardeau Mo.

**18. BURIAL, CREMATION, OR REMOVAL PLACE DATE** Fairmont Cemt. June 25, 1935

**19. UNDERTAKER (ADDRESS)** Heman's Funeral Home. Cape Girardeau Mo.

**20. FILED** July 10, 1935 Cleury Miller Registrar.

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** June 23, 1935

**22. I HEREBY CERTIFY, That I attended deceased from** \_\_\_\_\_, 1934, to \_\_\_\_\_, 1935.  
 I last saw him alive on \_\_\_\_\_, 1935. Death is said to have occurred on the date stated above, at 4:50 PM  
 The principal cause of death and related causes of importance were as follows:

Chronic Nephritis Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Septicemia

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

**23. If death was due to external causes (violence), fill in also the following:**  
 Accident, suicide, or homicide? \_\_\_\_\_ 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?** \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) O. J. Miller, M. D.  
 (Address) Cape Girardeau 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.

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