SEP 25 1935

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

Do not use this space.

27448

File No. .....

Registered No. 113

1. PLACE OF DEATH
County St Louis, Ferguson Twp.
Registration District No. 333
Township St Ferdinand
Primary Registration District No. 4468
City Ferguson (No. ....., ... St. ..... Ward)

2. FULL NAME Samuel Foulks
(a) Residence, No. 435 N. Elizabeth 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~~ Lulu Foulks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4 1884

7. AGE: YEARS 51 | MONTHS 5 | DAYS 4 | If LESS than 1 day, ... hrs. or ..... min.

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. Husker
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) Freeburg

FATHER
13. NAME Samuel Foulks
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

17. INFORMANT (ADDRESS) Lulu Foulks 435 N. Elizabeth

18. BURIAL, CREMATION, OR REMOVAL
PLACE ~~Calvary~~ Fork Town DATE Aug-10, 1935

19. UNDERTAKER (ADDRESS) Henry Leidner Und. Co 1417 N. Market St

20. FILED Aug 8th, 1935 W. A. Zeitler Registrar. Paul C. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 8th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1934 to Aug 8th, 1935
I last saw him alive on Aug 8, 1935. Death is said to have occurred on the date stated above, at 4:40 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis and Myocarditis	Sept 1934

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? cl Was there an autopsy? no

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? no.
If so, specify .....
(Signed) Arthur H Jost M.D.
(Address) 1901 Madison St.

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.