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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **30183**  
Registrar's No. **7460**

**791**

Primary Registration District No. **1003**

Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town **St. Louis, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Park Lane Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME **Elsie Cleo Fogler**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. **None**

4. Sex **FEMALE** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Robert S. Fogler**

6. (c) Age of husband or wife if alive **53** years

7. Birth date of deceased **June 9, 1893**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>47</b>	<b>2</b>	<b>24</b>	hr. _____ min. _____

9. Birthplace **Sullivan Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

12. Name **Smith Winter**

13. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

14. Maiden name **Jennie Paddock**

15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Richard Robert S. Fogler**

(b) Address **4319 Lafayette**

17. (a) Burial (b) Date thereof **9/5/40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lake Charles Cemetery**

18. (a) Signature of funeral director **Edith E. Ambruster**

(b) Address **4234 Manchester**

19. (a) **SEP 5 1940** (b) \_\_\_\_\_  
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County \_\_\_\_\_

(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")

(d) Street No. **4319 Lafayette**  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **3**  
year **1940** hour **5** minute **25 p. M.**

21. I hereby certify that I attended the deceased from **Aug. 28, 1940**, to **Sept. 3, 1940**, that I last saw her alive on **Sept. 3, 1940**, and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia**

**Chronic Interstitial Nephritis**

Due to **Hypertension**

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

**131**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature **J. Smith** Date signed **9-4-40**  
Address **4930 Lindell Blvd.**

Duration **3 days.**

a number of months **11**

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER'S NAME

REC'D OCT 25 1940

**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.....

.....  
working under my personal supervision.

Registered Apprentice No.....

Signed.....

*Florenz Eymck*

Licensed Embalmer No.....

*1284*

P.O. Address.....

*St Louis Mo*

**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 this body is not embalmed, fact should be so stated above.**

BR

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

92. 47

State of Mo.  
City of St. Louis } ss.

State File No. \_\_\_\_\_  
Local Registrar's No. 7460

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 25 day of April, 1946, before me appears Robert A. Fogler, who, upon his oath, states that the original record of birth for Elsie Cleo Fogler, died 9-3, 1943 on the State of Missouri, and which was filed at \_\_\_\_\_ on \_\_\_\_\_, 19\_\_\_\_, should be corrected as follows:

- Item No. 4 should read Female  
Instead of male
- Item No. 6 10 should read Richard S. Fogler  
Instead of Robert S.
- Item No. 16 a should read Richard S. Fogler  
Instead of Robert S.
- Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_
- Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_
- Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_
- Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_
- Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.  
(SEAL) Affiant Robert A. Fogler son Relationship.  
4237 Lafayette Present Address.

Subscribed and sworn to before me this 25 day of April, 1946

My Commission expires 3/4/49 Paul Jabbok Notary Public.

St. Elmo. See 8-20-1917-

Affidavits containing erasures will not be accepted; draw one line through error and write above

5-30/83