S. No. 2
1—9-4-41
v. 5-17-39
P I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 350 9

FILED FEB 24 1942

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 350

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Wellston
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 6405 St. Louis Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Wellston 0
(If outside city or town limits, write "RURAL")

(d) Street No. 6405 St. Louis Ave. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Richard C. Foelsch

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Lisetta Foelsch.

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

7. Birth date of deceased February 7, 1863.
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
79		6	hr. 74 min.

9. Birthplace ? (City, town, or county) Germany. (State or foreign country)

10. Usual occupation Special Machinist.

11. Industry or business Retired.

FATHER
12. Name Fred Foelsch.
13. Birthplace ? (City, town, or county) Germany. (State or foreign country)

MOTHER
14. Maiden name Unk.
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Walter Foelsch.
(b) Address 2132 Oak Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-16-1942. (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.
(b) Address 5966-68 Easton Ave.

19. (a) FEB 16 1942 (Date received local registrar) (b) C. H. McKaren M.D. (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 13th year 1942 hour 11:55 minute A. M.

21. I hereby certify that I attended the deceased from February, 1934 to February 13, 1942 that I last saw him alive on February 12th, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chr. arteriosclerosis; Chr. interstitial nephritis; Chr. myocarditis; Chr. hypertension; Generalized anasarca. — Duration 8 yrs.

Secondary: Myocardial decompensation; kidney decompensation; Uremia; Uremic coma; Pulmonary congestion; Kidney and heart asthma, caused by block heart. — 3 mo.
(Include pregnancy within 3 months of death)

PHYSICIAN

Underline the cause to which death should be charged statistically.

Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] M.D. (M. D. or other)

Address 3718 Jennings rd. Date signed 2/13/42

MAR 7 1962

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 3454 David E. Gibson, Registered Apprentice No. ....., working under my personal supervision.

Signed David E. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Easton St. L. 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.