

FILED MAR 17 1942 91

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
DePauls 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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 10 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4179a Farlin Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Leon Custard Fooder

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. 492-12-3539

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emily Fooder 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased May 19th, 1879  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
62 8 22 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Philadelphia, Pa.  
(City, town, or county) (State or foreign country)

10. Usual occupation Gate Keeper  
11. Industry or business City of St. Louis

MOTHER FATHER { 12. Name ? Fooder  
13. Birthplace Dont know  
(City, town, or county) (State or foreign country)  
14. Maiden name Dont know  
15. Birthplace Dont know  
(City, town, or county) (State or foreign country)

16. (a) Informant Emily Fooder  
(b) Address 4179a Farlin Ave.

17. (a) Burial (b) Date thereof 2-14-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Lake Charles Cem.

18. (a) Signature of funeral director Provost Und. Co.  
(b) Address 3710 N. Grand Blvd.

19. (a) FEB 13 1942 (b) J. F. Brebeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feby. day 12th.  
year 1942 hour 11.00 minute A. M.

21. I hereby certify that I attended the deceased from Dec. 21, 1939, to Feb. 12, 1942  
that I last saw him alive on Feb. 12, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Insufficiency Duration 5 days

Due to Coronary Insufficiency  
Cardiovascular Disease

Due to Chronic Bronchiectasis  
Other conditions Chronic Bronchiectasis  
(Include pregnancy within 3 months of death)

Major findings: Cardiac Aneurysm  
(Of operations)  
(Of autopsy)

PHYSICIAN

Underline the cause to which death should be charged statistically.

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) (c) Means of injury \_\_\_\_\_

23. Signature Charles J. ... (M. D. or other) \_\_\_\_\_  
Address 3911 Lee Ave. Date signed 2/13/42

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

C. E. Matthews  
3911 Lee  
1-3

**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 me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed A. A. Matthews

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand B

**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, above space should be left blank.**