V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 8 1942

Registration District No. 184

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Er 1968

State File No. 28148 ov

Primary Registration District No. 200

Registrar's No. 1732

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Pine Lawn
(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
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Pine Lawn 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. 6405 St. Louis Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Lisetta Foelsch

3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced widowed 2
6. (b) Name of husband or wife Richard Foelsch.
6. (c) Age of husband or wife if alive Dec'd. years
7. Birth date of deceased October 17, 1867. (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
74	9	26	..... hr. ..... min.

9. Birthplace St. Louis, (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business at home

FATHER
12. Name Henry Boening.
13. Birthplace ? (City, town, or county) Germany. 4 (State or foreign country)

MOTHER
14. Maiden name Dont know.
15. Birthplace ? (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Mr. Walter F. Foelsch.
(b) Address 2132 Oak Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-17-1942. (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) AUG 17 1942 (Date received local registrar) (b) C. G. McGarron (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13th year 1942 hour 4: minute 45 P. M.

21. I hereby certify that I attended the deceased from ..... 19 38 to August 13, 19 42 that I last saw her alive on August 12, 19 42 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chr. and Advanced Paralysis Agitans Senile type -	5 yrs.
~~Due to~~ Chr. Myo Carditis. Chr. Int. Nephritis.	3 yrs
Urema. Uremia Coma -	3 Mo.
~~Due to~~ Cancer of Nose- several years. external	

Other conditions ..... (Include pregnancy within 3 months of death)

Major findings:
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? ..... (Specify type of place)
(e) While at work? ..... (e) Means of injury 0

23. Signature [signature] (M. D. or other) .....
Address 3718 Jennings Rd. Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

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 C. Gibson, Registered Apprentice No. ....., working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Easton St. L. 7

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.