

S. No. 2  
M-542  
7-5-17-39  
32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31949

State File No. ....

Filed NOV 11 1942 318

Primary Registration District No. 10

Registrar's No. 9160

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Desloge Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 mo.  
In this community 35 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town 2166 Lafayette Ave  
(If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? (Yes or No) 0  
If yes, name country.....

3. (a) PRINTED FULL NAME: Jess Brown Foreman

(b) If veteran, name war No (c) Social Security No. 498-01-9226

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced M /  
6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive 58 years  
7. Birth date of deceased June 1, 1882  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
60 5 1 hr. min.

9. Birthplace Salt Lake City, Utah (City, town, or country) (State or foreign country) 1

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Unknown  
13. Birthplace Unknown (City, town, or country) (State or foreign country) 7  
14. Maiden name Unknown  
15. Birthplace Unknown (City, town, or country) (State or foreign country) 7

16. (a) Informant Mary Foreman  
(b) Address 2166 Lafayette Ave  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/4/42  
(Month) (Day) (Year)  
(c) Place: burial or cremation St. Matthews Cem

18. (a) Signature of funeral director D. W. McLaughlin  
(b) Address 2301 Lafayette Ave  
19. (a) NOV 3 1942 (Date received local registrar) (b) J. F. Melick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 2 year 42 hour 12 minute 45 AM.

21. I hereby certify that I attended the deceased from 4/30 1942, to 11/2 1942, that I last saw him alive on 11/1 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma bladder Duration 8 yrs  
Due to Urinary  
Due to 57  
Other conditions (Include pregnancy within 3 months of death) 58

Major findings: Carcinoma bladder  
Of operations Carcinoma bladder, metastatic ca, peptic ulcer

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? (c) Means of injury.....  
23. Signature H. F. Melick (M. D. coroner) 0  
Address Firmin Desloge Hosp Date signed 11/2/42

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

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**