V. S. No. 2
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Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 28 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31953

Registration District No. 318 · Primary Registration District No. 1003 · Registrar's No. 8542

1. PLACE OF DEATH:

(a) County: Cooper
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital O
(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): 45-
In this community: 45-

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: 000 12
(c) City or town: St Louis 9 11 (If outside city or town limits, write "RURAL")
(d) Street No.: 3649 Cass. (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Jonah Foth
3. (b) If veteran, name war: yes
3. (c) Social Security No. 493-03-6548
4. Sex: White
5. Color or race: Male
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Theresa Foth
6. (c) Age of husband or wife if alive: 40 years
7. Birth date of deceased: Feb (Month) 7 (Day) 1897 (Year)

8. AGE: Years 45- Months 8 Days 5- If less than one day ____ hr. ____ min.

9. Birthplace: Hillsboro (City, town, or county) Kans. (State or foreign country)
10. Usual occupation: Carpenter
11. Industry or business:
FATHER 12. Name: John Foth
13. Birthplace: Kans. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Eliza Foth
15. Birthplace: Kans. (City, town, or county) (State or foreign country)
16. (a) Informant: Theresa Foth
(b) Address: 3649 Cass.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct 17-1942 (Month) (Day) (Year)
(c) Place: burial or cremation: New S S Paul Cemetery
18. (a) Signature of funeral director: Paul C Calcaterra
(b) Address: 5142 Daggett Ave
19. (a) OCT 14 1942 (Date received local registrar) (b) T. F. Burdick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 12 year 1942 hour 9 minute 40 A.M.
21. I hereby certify that I attended the deceased from ____, 19____, to ____, 19____; that I last saw h____ alive on ____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Multiple fracture of skull, laceration of brain, hemorrhage, pneumothorax
Due to: while he was working on at 2817 Easton Ave
Due to: Struck 9.30 O'Clock Am Oct 12 1942

Duration

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

Major findings:
Of operations: NO
Of autopsy: NO

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): Accident 000
(b) Date of occurrence: Oct 12 - 42
(c) Where did injury occur? St Louis (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industrial (Specify type of place)
While at work? yes (e) Means of injury: fall
23. Signature: Thomas F Callaway (Title or other) Deputy Coroner
Address: Date signed: 10/14/42

(Licensed Embalmer's Statement on Reverse Side)

B

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 Paul Calcatera

Licensed Embalmer No. 2376

P. O. Address 5142 Daggett

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.