

FILED APR 15 1943
Registration District No. 184

Primary Registration District No. 106

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

096

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town R. R. # 5 Kirkwood,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
R. R. # 5 Kirkwood, Mo.,
(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 _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis

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

(d) Street No. R. R. # 5 Kirkwood,
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jacob Foehringer

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, Widowed

6. (b) Name of husband or wife Mda Foehringer

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

7. Birth date of deceased April 19 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

81 11 14 hr. min.

9. Birthplace Rock Hill Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Jacob Foehringer

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

14. Maiden name Anna Eopler

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

16. (a) Informant H arry Foehringer,

(b) Address R. R. # 5 Kirkwood, Mo.,

17. (a) Burial (b) Date thereof 3-9-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elm Lawn Cem.

18. (a) Signature of funeral director Louis H. Boop Inc.

(b) Address Kirkwood, Mo.

19. (a) APR 9 1943 (b) [Signature]
(Date of local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 5
year 1943 hour _____ minute 10: P. M.

21. I hereby certify that I attended the deceased from Jan 3
1943 to Mar 4 1943
that I last saw him alive on Mar 4 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Senility

Due to _____

Due to _____

Other conditions Chronic Hypertension
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration _____

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)

23. Signature Royal E. McReam M. D. or other _____
Address Kirkwood Mo Date signed 3-6-43

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.