

FILED JUN 9 1943 318

Registration District No. _____

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Infirmery
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 7 days
(Specify whether
In this community 61 years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Julia Foreman

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 20, 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 9 27 hr. _____ min.

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

10. Usual occupation Nil

11. Industry or business _____

12. Name Perry Foreman
13. Birthplace Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Mary Crossman
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nina E. Rath

(b) Address 5455 Delmar

17. (a) Burial (b) Date thereof 5-31-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Charles T. Stuart

(b) Address 1225 Union Blvd.

19. (a) MAY 29 1943 (b) J. J. Braddock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5455 Delmar
(If rural, give location)
(e) Citizen of foreign country? unknown (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27
year 1943 hour 12:05 minute _____ P. M.

21. I hereby certify that I attended the deceased from April 19,
_____ 1943 to May 27, _____ 1943;
that I last saw her alive on May 27 _____ 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Colon c metastases to liver & mentum ?
Due to _____
Due to _____

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

Major findings: Of operations _____
Of autopsy as above - also cystic kidney - cholelithiasis

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 J. Seemann (M. D. or other) MD
Address City Infirmery Date signed 5/27/43

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

MOTHER FATHER

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. *3575*

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.