. S. No. 2
0M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

19483

State File No.

FILED JUN 30 1943

Registration District No.

Primary Registration District No.

Registrar's No. 5685

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Baptist Hosp.
(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) Coddington

2. USUAL RESIDENCE OF DECEASED: 1003
(a) State Mo. (b) County St. Louis 000 17 9 6
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. 2311 N. Union (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARY D. FODDINGTON
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Female
5. Color or race Wh
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Chester R.
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased October (Month) 8 (Day) 1874 (Year)
8. AGE: Years 68 Months 8 Days 12 If less than one day hr. min.
9. Birthplace Amanda (City, town, or county) Ohio 1 (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER
12. Name Jacob Root
13. Birthplace (City, town, or county) Ohio 1 (State or foreign country)
MOTHER
14. Maiden name Evaline
15. Birthplace (City, town, or county) Indiana 1 (State or foreign country)
16. (a) Informant Jacob Root
(b) Address 5056 Miami
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-23-43 (Month) (Day) (Year)
(c) Place: burial or cremation New Bickley Cem.
18. (a) Signature of funeral director Chas. O. Stuart
(b) Address 1225 Union Blvd.
19. (a) JUN 22 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20 year 1943 hour 2 minute 45 A. M.
21. I hereby certify that I attended the deceased from June 14, 1943, 19 to June 20, 1943 that I last saw her alive on June 19-43, 19 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis (Indefinite)
Possibly Chronic
Due to Myocarditis
Due to
Other conditions (Include pregnancy within 3 months of death) 92
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Clarence G. Dunn (M. D. ~~or other~~)
Address 1927 Union Date signed 6-21-43

(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 .....

....., 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.