S. No. 2
OM—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 22 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39807

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10877

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Johns Hospital 0 (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)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Miss ouri (b) County 17 6

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 4952 Maffitt ave (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Johanna G. Foskin

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Stephen R Foskin

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased oct. 14 1894 (Month) (Day) (Year)

8. AGE: Years 49 Months 1 Days 24 If less than one day hr. min.

9. Birthplace St. Louis Mo, (City, town, or county) 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Thomas Moloney
13. Birthplace St. Louis Mo (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Annie McGrath
15. Birthplace St. Louis Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant Stephen Foskin

(b) Address 4952 Maffitt Pl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/11/43 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Sullivan Bro's

(b) Address 2849 N. Euclid ave

19. (a) DEC 9 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 8th year 1943 hour 1 minute 35A M.

21. I hereby certify that I attended the deceased from Apr 24 1941 to Dec 18 1943 that I last saw him alive on Dec 8 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac and Respiratory Failure

Due to Diabetic Coma

Due to Diabetic Nephritis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy None

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 [signature] 0 (M. D. or other)

Address [illegible] Date signed 12-8-43

(Licensed Embalmer's Statement on Reverse Side) J. A. [illegible]

Dr John A Seabold
Carlton Bldg
12 to 2

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 Albert Mayfield

Licensed Embalmer No. 3077

P. O. Address [illegible] Mo

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.