

No. 2  
1-5-43  
5-17-39  
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THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **302**  
Registrar's No. **960**

FILED FEB 4 1944  
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County Saint Louis, Missouri

(b) City or town Saint Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Saint Louis Maternity Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day 8-3/4  
(Specify whether)

In this community                       
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis Co.

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

(d) Street No. 6603 Raymond  
(If rural, give location)

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

3. (a) PRINT FULL NAME Infant Girl Foelsch

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

4. Sex Female / race White 5. Color or                     

6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased January 3, 1944  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 4  
year 1944 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from January 3, 2:45 P.M. 1944 to January 4, 1:30 P.M. 1944  
that I last saw her alive on January 4, 1944  
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
		<u>1</u>	<u>8 hr. 45 min.</u>

Immediate cause of death Congenital Heart Disease Duration 24 hr.

Due to                     

Due to                     

Other conditions                       
(Include pregnancy within 3 months of death)

9. Birthplace Saint Louis, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation                     

MOTHER FATHER

11. Industry or business                     

12. Name Arthur William Foelsch

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

14. Maiden name Doris Dedembostle Cobb

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

PHYSICIAN

Major findings:  
Of operations                     

Of autopsy Congenital anomaly of heart

Underline the cause to which death should be charged statistically.

16. (a) Informant St. Louis Maternity Hospital

(b) Address 630 S. Kingshighway Blvd

17. (a) Anatomical Board 7-31-44  
(Burial, cremation, or removal) (b) Date thereof                       
(Month) (Day) (Year)

(c) Place: burial or cremation Washington University

18. (a) Signature of funeral director                       
(City, town, or county) (State or foreign country)

(b) Address W. Reckler 3500 Ruffin

19. (a) JAN 21 1944 (b) J. F. Bullard  
(Date received by Registrar) (Registrar's signature)

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) (e) Means of injury                     

23. Signature                      M. D. or other                     

Address 4652 Maryland Date signed 1/28/44

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**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.**