

S. No. 2  
M-8-43  
v. 5-17-39  
I X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21909

State File No. \_\_\_\_\_

FILED JUL 28 1945  
318

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1003

Registrar's No. 6207 ✓

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3615 Hereford  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 63 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 17  
(d) Street No. 3615 Hereford 9 14  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William Folger

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

4. Sex Male 0 5. Color or race White  
6. (a) Single, widowed, married, divorced, Married  
6. (b) Name of husband or wife Mrs. Anna Folger  
6. (c) Age of husband or wife if alive 82 years  
7. Birth date of deceased March 18 1866  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
79 3 28 hr. min.

9. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Dry Goods Dealer

11. Industry or business Dry Goods

12. Name Folger

13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Folger

(b) Address 3615 Hereford

17. (a) Burial (b) Date thereof July 18, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director. Beiderwieden F.H., Inc.

(b) Address 1936 St. Louis Ave.

19. (a) JUL 18 1945 (Date received local registrar)  
J. F. Bussess (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16  
year 1945 hour 6: minute 45 A.M.

21. I hereby certify that I attended the deceased from Dec 18  
1943 to July 16 1945  
that I last saw him alive on July 15 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 2 days  
Duration

Due to High blood tension 3 yrs  
arteriosclerosis

Due to Chronic Myocarditis 3 yrs  
with Mitral Regurgitation

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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)  
(e) Means of injury \_\_\_\_\_

23. Signature Walter P. Eidmann (M. D. or other)

Address 3746 Morganford Date signed July 17 45

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

10  
17  
9

Dr. W. P. Eidmann  
3146 Morganford  
1-2 7-8

**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.....

*Thos A. Beidermann*

Licensed Embalmer No. *506*

P. O. Address *St Louis 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.**