S. No. 2
M—2-43
. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

294

State File No.

FILED FEB 7 1946

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 913

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

2501

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

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

(c) Name of hospital or institution: 5026 Minerva Ave.

(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:

(a) State Missouri (b) County

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

(d) Street No. 5026 Minerva Ave. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME John W. (Bill) Foehrweiser

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 6th. (Day) 1887 (Year)

8. AGE: Years 58 Months 9 Days 19 If less than one day hr. min.

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

10. Usual occupation Shoe Worker

11. Industry or business

FATHER
12. Name Simon (Unknown)
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Klein
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Sallie Mc Givern
(b) Address 5026 Minerva Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 29 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director 2849 No. Euclid Ave.
(b) Address Sullivan Funeral Dir.

19. (a) JAN 28 1946 (Date received for registrar) (b) J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 25th. year 1946 hour 12.15 minute A M.

21. I hereby certify that I attended the deceased from Nov 9/45, 19 , to Jan 25, 1946 that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Haemorrhage	30 min
Due to Cardio, Vascular Renal disease	yrs
Due to Hypertension	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) M.D.

Address 610-13 Metropolitan Bldg Date signed 1/26/46

(Licensed Embalmer's Statement on Reverse Side)

Dr. Carl F, Vohs
Metropolitan Bldg. JE.3687
11 AM to 1 PM

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 Robert L. Brinkman

Licensed Embalmer No. 3563

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.