

No. 2
-12-45
5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10831

State File No.

FILED APR 3 1947

Registration District No.

Primary Registration District No. 1003

Registrar's No. 3260

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:
1412 Hebert Str
(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 MO (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1412 Hebert Str
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 27
year 1947 hour 50 minute 9 A.M.
21. I hereby certify that I attended the deceased from
March 13, 1947, to March 27, 1947
that I last saw him alive on March 26, 1947
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Helena Fossel

3. (b) If veteran, name war..... 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased October 27 Th 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 ----- 5 -- 0 - hr. min.

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

10. Usual occupation House Work

11. Industry or business

MOTHER FATHER
12. Name Frank Rautz
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Not known
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Frank J. Fossel
(b) Address 1412 Hebert Str 1947

17. (a) Buriel (b) Date thereof March 29 Th
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Edward Koch
(b) Address 3516 N 147 Th Str

19. (a) MAR 27 1947 (b) [Signature]
(Date received local Registrar) (Registrar's signature)

Immediate cause of death
Cerebral Hemorrhage
(left)
Due to [Signature]
Due to [Signature]
Other conditions Arterio Sclerosis General
(Include pregnancy within 3 months of death)

Duration

3-13-47

PHYSICIAN

Major findings:
Of operations.....
Of autopsy.....

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) (a) Means of injury.....
23. Signature [Signature] (M. D. or.....)
Address 607 No. 7th St. St. Louis Date signed 3/27/47

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

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: *Ray E. Campbell*
Licensed Embalmer No. *3881*
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.