

No. 2  
12-45  
17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUN 30 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22221

State File No. \_\_\_\_\_  
Registrar's No. 5265

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 \_\_\_\_\_  
(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:  
Marian Hospital.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 23 Days.  
Specify whether  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Louise Foreman.  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex Female. 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: Dec 14 1874.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
72 5 12 hr. min.

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

10. Usual occupation Nil.

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Unknown.  
13. Birthplace Unknown.  
(City, town, or county) (State or foreign country)  
14. Maiden name Fredericka Hoffman.  
15. Birthplace Germany.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Flossie Wolf.  
(b) Address 4362 a. Chouteau ave.

17. (a) Burial. (b) Date thereof 5/29/47.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery.

18. (a) Signature of funeral director Edith E. Ambruster.  
(b) Address 4234 Manchester ave.

19. (a) MAY 27 1947 (b) J. F. Bredeek  
(Date received local registrar) (Registrar's signature)

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")  
(d) Street No. 4362 Chouteau ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 26 year 1947.  
hour 3 minute 15 P.M.  
21. I hereby certify that I attended the deceased from May 1-47.  
1947 to May 26 1947.  
that I last saw her alive on May 24  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Due to Coronary thrombosis 1 day  
arteriosclerosis  
simulty  
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:  
(c) 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 J. S. Pyre (M. D. or other) M.D.  
Address 1803 Chestnut Date signed 5-26-47

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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.....

*George Egnob*

Licensed Embalmer No.....

*1284*

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.**