

FILED SEP 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28054

State File No. 7727

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

BIRTH MO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1005		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY 000			
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		17	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4213 Gratiot St.				d. STREET ADDRESS (If rural, give location) 4213 Gratiot St.			
3. NAME OF DECEASED (Type or Print) a. (First) PETER		b. (Middle) J.		c. (Last) FOSSELL SR.		4. DATE OF DEATH (Month) (Day) (Year) Sep't. 4 1949	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 17, 1870	
9. AGE (In years last birthday) 78		IF UNDER 1 YEAR (Months) (Days) 10 17		IF UNDER 24 HRS. (Hours) (Min.) _____		11. BIRTHPLACE (State or foreign country) St. Charles, Mo.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Molder (Retired)				10b. KIND OF BUSINESS OR INDUSTRY National Lead Co.		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME David Fossell		13b. MOTHER'S MAIDEN NAME Sophia Knevia		14. NAME OF HUSBAND OR WIFE Emma Fossell			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Emma Fossell ADDRESS 4213 Gratiot St.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anuria ANTECEDENT CAUSES DUE TO (b) Chronic nephritis <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) Carcinoma Right Lung II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH 2 days 4 mons 4 months	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Co. Mo.		21f. HOW DID INJURY OCCUR? 162X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from 9/10 , 19 46 , to 9/4 , 19 49 , that I last saw the deceased alive on _____, 19____, and that death occurred at 9:45P m. , from the causes and on the date stated above.			
23a. SIGNATURE [Signature]		(Degree or title) M.D.		23b. ADDRESS 5739 Gravois		23c. DATE SIGNED 9/6/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sep't. 8, 1949		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cem.		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	
DATE REC'D BY LOCAL REG. SEP 6 1949		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Kriegshauser 4228 S. Kingshighway Bl.			

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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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Edwin M. Merritt*.....

Licensed Embalmer No. *3024*.....

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.