

FILED MAR 4 1950

STANDARD CERTIFICATE OF DEATH

State File No. 6197
1670

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 5 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		211 1/2		
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer & Phillips Hospital				d. STREET ADDRESS (If rural, give location) 4529 Maffitt Ave.				
3. NAME OF DECEASED (Type or Print) a. (First) Mary			b. (Middle) _____		c. (Last) Foogie		4. DATE OF DEATH (Month) (Day) (Year) Feb. 18 1950	
5. SEX Female 3	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 25, 1924	9. AGE (In years last birthday) 25	IF UNDER 1 YEAR Months 8	IF UNDER 24 HRS. Hours 25	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Bourben, Mississippi		12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13a. FATHER'S NAME Tom Nelson			13b. MOTHER'S MAIDEN NAME Nancy Jones		14. NAME OF HUSBAND OR WIFE James Foogie			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Louise Coffee 4328 Washington				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) General Paresis ANTECEDENT CAUSES Syphilis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Uremia					INTERVAL BETWEEN ONSET AND DEATH Undet. Undet.	
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) 075X				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from 2-3 , 19 50 , to 2-18 , 19 50 , that I last saw the deceased alive on 2-18 , 19 50 , and that death occurred at 7:35a m. , from the causes and on the date stated above.								
23a. SIGNATURE H. J. ... M. D.				23b. ADDRESS 2601 N Whittier St.		23c. DATE SIGNED 2-20-50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-24-50		24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		
DATE REC'D BY LOCAL REG. FEB 20 1950		REGISTRAR'S SIGNATURE J. B. ...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. B. ... 1221 N. Grand				

(Licensed Embalmer's Statement on Reverse Side)

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

VS SEP 21 1961

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Clarence Crooms
Clarence Crooms

Licensed Embalmer No. 4755

P. O. Address 1221 N. Grand

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.