

FILED MAR 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10439**
2147
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence, before admission). a. STATE Mo. b. COUNTY 2249	
b. CITY OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS 3100 a Lemp ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3100 a Lemp ave.		e. STREET ADDRESS 3100 a Lemp ave.	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Robert J.	b. (Middle) _____	c. (Last) Foreman	(Month) March	(Day) 5	(Year) 1950

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH February 12, 1890	9. AGE (In years last birthday) 60	10 UNDER 1 YEAR Months _____	10 UNDER 1 YEAR Days _____	10 UNDER 1 YEAR Hours _____	10 UNDER 1 YEAR Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ML	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Peter Foreman	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Marie Foreman
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	16. SOCIAL SECURITY NO. 493-03-1284	17. INFORMANT'S SIGNATURE OR NAME Mrs. Marie Foreman	ADDRESS 3100 a Lemp ave.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion - about one hour		INTERVAL BETWEEN ONSET AND DEATH
	b. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Chronic myocarditis about 4 yrs		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) 4281 (COUNTY) _____ (STATE) _____
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21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ (m.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from **Feb 28th 1950**, to **March 4th 1950**, that I last saw the deceased alive on **March 4th 1950**, and that death occurred at **3:45^{pm}** m., from the causes and on the date stated above.

22a. SIGNATURE Bevil Baker (Degree or title) MD	22b. ADDRESS 3353 Nichols Ave. St. Louis, Mo 63-6-50	22c. DATE SIGNED _____
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE March 8, 1950	23c. NAME OF CEMETERY OR CREMATORY National	23d. LOCATION (City, town, or county) (State) Jeff. Bks/Mo.
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DATE REC'D BY LOCAL MAR 6 1950	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister	ADDRESS 7814 S. Broadway
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WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Lewis C. Hoffner

Licensed Embalmer No. 3871

P. O. Address 7814 S Broadway

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.