

FILED AUG 25 1950
113890

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28188**
Registrar's No. **7000**

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 Missouri b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis, Missouri		c. LENGTH OF STAY (In this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2079
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.			d. STREET ADDRESS (If rural, give location) 4978 Wren Ave.		
3. NAME OF DECEASED (Type or Print) a. (First) HATTIE		b. (Middle) Regina	c. (Last) FOLTZ	4. DATE OF DEATH (Month) (Day) (Year) August 17th, 1950	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH March 26, 1885	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR: Months _____ Days _____
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) Hickman, Ky.		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME John Kistner		13b. MOTHER'S MAIDEN NAME Missouri Steele	14. NAME OF HUSBAND OR WIFE Charles		
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. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Fred Breitbarth ADDRESS 4978 Wren Ave.		
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* Ruptured aneurysm of circle of Willis with subarachnoid hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH _____
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT (Specify) _____ SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 320X			
22. I hereby certify that I attended the deceased from 8/7/50 , to 8/17/50 , that I last saw the deceased alive on 8/17/50 , and that death occurred at 6:25am , from the causes and on the date stated above.					
23a. SIGNATURE John W. Kohler (Degree or title) _____			23b. ADDRESS 1515 Lafayette Ave.,		23c. DATE SIGNED 8/17/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-18-50	24c. NAME OF CEMETERY OR CREMATORY National	24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.		
DATE REC'D BY LOCAL REG. AUG 17 1950	REGISTRAR'S SIGNATURE J. B. Facator		25. FUNERAL DIRECTOR'S SIGNATURE Mayer Funeral Home ADDRESS 4356 Lindell		

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Robert J. Murray

Signed.....
Student Embalmer

Licensed Embalmer No. 37498

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.