

FILED JAN 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2521

State File No. #48
Registrar's No. 118

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 100

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6570 THOLOZAN AVE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u> 2039	
d. STREET ADDRESS (If rural, give location) <u>6570 THOLOZAN</u>		0	
3. NAME OF DECEASED a. (First) <u>FRANK</u> b. (Middle) <u>FODDY</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 2, 1950</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWER</u>	8. DATE OF BIRTH <u>7-31-1893</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALESMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>KACHOOK CO.</u>	9. AGE (In years last birthday) <u>57</u> IF UNDER 1 YEAR Months Days Hours Mins.
11. BIRTHPLACE (State or foreign country) <u>KANSAS CITY MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>FRANK FODDY</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA MORSCH</u>	14. NAME OF HUSBAND OR WIFE <u>ESTELLA</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES W.W. #1</u>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>WALTER FODDY 3406 HALLIDAY</u>
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) <u>Coronary Occlusion</u> b. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension, essential</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
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? <u>A201</u>	
22. I hereby certify that I attended the deceased from <u>Nov 11, 1942</u> , to <u>Jan 2, 1951</u> , that I last saw the deceased alive on <u>Dec 18, 1951</u> , and that death occurred at <u>1:00 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Raymond Williams</u> (Degree or title)		23b. ADDRESS <u>114 W. Taylor St. Louis 8, Mo.</u>	23c. DATE SIGNED <u>Jan 2, 1951</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>1-5-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, County Mo.</u>
DATE REC'D BY LOCAL REG. <u>JAN 4 1951</u>	REGISTRAR'S SIGNATURE <u>J. B. Parson</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>A. Rowlett 2707 N. Grand</u>	

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

Gustav W. Dietrich

Licensed Embalmer No.

4329

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.