

FILED MAR 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10083

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2037

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| 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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2227</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G. Phillips Hospital</u> | | d. STREET ADDRESS (If rural, give location) <u>2301 Eugenia Street</u> | |

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|-------------------------------------|-----------------------|-----------------------------|---------------------------------------|--|--|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH (Month) (Day) (Year) | | |
| a. (First) <u>George</u> | b. (Middle) <u>W.</u> | c. (Last) <u>Foote, Sr.</u> | <u>2 25 51</u> | | |

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|--|-------------------------------|---|----------------------------------|---|------------------------|-----------------------|-------|------|
| 5. SEX <u>Male</u> <input checked="" type="checkbox"/> | 6. COLOR OR RACE <u>Negro</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Separated</u> | 8. DATE OF BIRTH <u>12/13/65</u> | 9. AGE (In years last birthday) <u>85</u> | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | Hours | Min. |
|--|-------------------------------|---|----------------------------------|---|------------------------|-----------------------|-------|------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Macon, Mississippi</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>Jack Foote</u> | 13b. MOTHER'S MAIDEN NAME <u>Frances Beasley</u> | 14. NAME OF HUSBAND OR WIFE <u>Hattie Foote</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Geo. W. Foote, Jr. 4153 Washington</u> |
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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Heart Disease</u> | | |
| | ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Undetermined</u> DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>None</u> | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (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? <u>HHSX</u> |
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22. I hereby certify that I attended the deceased from 2-7, 1951, to 2-25, 1951, that I last saw the deceased alive on 2-25, 1951, and that death occurred at 7:20 P.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Lorenzo W. Harris M.D.</u> | 23b. ADDRESS <u>2601 Whittier</u> | 23c. DATE SIGNED <u>2-27-51</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>3/3/51</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Peters Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>MAD 2 1951</u> | REGISTRAR'S SIGNATURE <u>J. B. Luster</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Chas. J. Gates, 4107 Finney Avenue</u> |
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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 _____

John K Cunningham

Licensed Embalmer No. 4476

P. O. Address 4107 Finney Avenue

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.