

No. 300
10.48

FILED APR 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15128**
Registrar's No. **1021**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lemay 23	c. LENGTH OF STAY (In this place) 10 YRS.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lemay 23 4870	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1107 Regina		d. STREET ADDRESS (If rural, give location) 1107 Regina	

3. NAME OF DECEASED (Type or Print) a. (First) Anton b. (Middle) Foeller c. (Last) Foeller			4. DATE OF DEATH (Month) (Day) (Year) April 17, 1951				
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH May 4, 1863	9. AGE (In years last birthday) 87	if UNDER 1 YEAR Days	if UNDER 24 HRS. Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) Europe		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Nick Foeller	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE —
--	--	--------------------------------------

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. no	17. INFORMANT'S SIGNATURE OR NAME Frank Foeller, 1107 Regina	ADDRESS
--	-----------------------------------	---	---------

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia		
	ANTECEDENT CAUSES 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. Old age Infirmitas			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 491X	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) (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 **Apr. 16, 1951**, to **Apr 17, 1951**, that I last saw the deceased alive on **Apr 17, 1951**, and that death occurred at **11:52 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE Ch. Briesemayer (Degree or title) M.D.	23b. ADDRESS 762 Lemay Ferry Rd., St. Louis, Mo.	23c. DATE SIGNED 4-17-1951
---	---	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 4/20/51	24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery	24d. LOCATION (City, town, or county) (State) Lemay 23, Mo.
---	--------------------------	--	--

DATE REC'D BY LOCAL REG. 4/18/51	REGISTRAR'S SIGNATURE Herbert P. Somke, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Fendler Und. Co. ADDRESS 1204 Telegraph
---	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

Busemeyer

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

V E Morris

Signed.....
Student Embalmer

Licensed Embalmer No. 3360

P. O. Address _____

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.