

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32071

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3066 Registrar's No. 3189

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

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KIRKSWOOD</u>	c. LENGTH OF STAY (In this place) <u>3 wks</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u> <u>2019</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>White Oak Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>6926 Virginia</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Otto</u> b. (Middle) <u>H</u> c. (Last) <u>Foeger</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 17, 1951</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Mar. 8, 1883</u>	9. AGE (In years last birthday) <u>68</u>	# UNDER 1 YEAR Months _____ Days _____	# UNDER 2 WKS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>R tired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Baker</u>	11. BIRTHPLACE (State or foreign country) <u>St Louis, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Foeger</u>	13b. MOTHER'S MAIDEN NAME <u>not known</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>August Falkenhainer</u> ADDRESS <u>3911a Dover</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>1 yr</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchogenic carcinoma</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>162 X</u>		
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 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) (Min.) _____	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 Sept 14, 1951 to Sept 17, 1951, that I last saw the deceased alive on Sept 17, 1951, and that death occurred at 10:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Jean M.D.</u>	23b. ADDRESS <u>4500 W Pine</u>	23c. DATE SIGNED <u>9-18-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9/20/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Concordia Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St Louis, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>9-19-51</u>	REGISTRAR'S SIGNATURE <u>Hubert P. Jombik M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>L Ziegenhein & Sons</u> ADDRESS <u>7027 Gravois</u>
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APR 9 1953

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 *Neville D. Prohivetter*

Signed.....
Student Embalmer

Licensed Embalmer No. *3696*

P. O. Address *7027 Garrod's*

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.