

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14264**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3811**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4950 Finkman Ave</b>		d. STREET ADDRESS (If rural, give location) <b>4950 Finkman Ave</b>	

3. NAME OF DECEASED (Type or Print) <b>ANNA</b>			c. (Last) <b>FOLLUO.</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 21, 1952</b>					
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH (Last birthday) <b>June 26, 1869</b>		9. AGE (In years) <b>82</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <b>Louisiana, Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		

13a. FATHER'S NAME <b>Frank Trescher.</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Schaver</b>		14. NAME OF HUSBAND OR WIFE <b>John M. Folluo</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Arthur A. Jordan, St. Louis, Mo.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION			

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Adeno carcinoma of the uterus</b>		INTERVAL BETWEEN ONSET AND DEATH <b>7 mo.</b>
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.		

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? <b>174X</b>	
22. I hereby certify that I attended the deceased from <b>March 1, 1952</b> , to <b>April 21, 1952</b> that I last saw the deceased alive on <b>4-21, 1952</b> , and that death occurred at <b>4 P m.</b> , from the causes and on the date stated above.					

23a. SIGNATURE (Degree or title) <b>Charles R. Lubik M.D.</b>		23b. ADDRESS <b>3720 Washington</b>		23c. DATE SIGNED <b>4-22-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4-23-1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Bellefontaine Cemetery St. Louis, Mo.</b>	
24d. LOCATION (City, town, or county) (State)		24e. NAME OF CEMETERY OR CREMATORY (State)			

DATE REC'D BY LOCAL REG. <b>APR 22 1952</b>		REGISTRAR'S SIGNATURE <b>Charles Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>C.R. Lupton &amp; Sons; 7233 Delmar Blvd</b>	
ADDRESS					

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

(Licensed Embalmer's Statement on Reverse Side)

**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 Arnold W. Schoene

Licensed Embalmer No. 3864

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.