

21990

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

5965

BIRTH NO.

REG. DIST. NO. **318**PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN **St. Louis**d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
2507 Chester Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

Missouri

b. COUNTY

c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN **St. Louis** **2069**

d. STREET ADDRESS (If rural, give location)

6 2507 Chester Avenue3. NAME OF DECEASED
(Type or Print)

a. (First)

Frank

b. (Middle)

B

c. (Last)

Foote

4. DATE OF DEATH

(Month)

(Day)

(Year)

6 - 24 - 1952

5. SEX

0

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

11 - 20 - 1888

9. AGE (In years last birthday)

63

IF UNDER 1 YEAR

IF UNDER 1 HR.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Civil Engineer10b. KIND OF BUSINESS OR INDUSTRY
Aircraft

11. BIRTHPLACE (City and State or Foreign Country)

Sligo, Missouri

12. CITIZEN OF WHAT COUNTRY?

USA

13a. FATHER'S NAME

Emerson L. Foote

13b. MOTHER'S MAIDEN NAME

Julia Chase

14. NAME OF HUSBAND OR WIFE

Harriet Foote

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

Yes WWI

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME

Mrs. Frank B. Foote, 2507 Chester

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, asthma, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

MEDICAL CERTIFICATION

acute heart failure

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

Hypertension and degenerative

DUE TO (c)

heart disease

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Hypertension

INTERVAL BETWEEN ONSET AND DEATH

1-2 mins**many years**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO

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) (M.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

443X22. I hereby certify that I attended the deceased from **6/24, 1952**, to **6/25, 1952**, that I last saw the deceased alive on **6/24, 1952**, and that death occurred at **1:30 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)

Charles C. Yeager M.D.

23b. ADDRESS

7158 Manchester, St. Louis

23c. DATE SIGNED

6/26/52

24a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24b. DATE

6-27-52

24c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cem.

24d. LOCATION (City, town, or county)

St. Louis County Mo.

(State)

DATE REC'D BY LOCAL REG.

JUN 26 1952

REGISTRAR'S SIGNATURE

Carl Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE

Drehmann-Harral 1905 Union Blvd.

ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 12 1952

Dr. Gerald A. Yaeger
7158 Manchester

Thur 9-12 AM

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 Robert R. Thompson

Licensed Embalmer No. 4337

P. O. Address St. Louis

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.