

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7544

State File No.

FILED MAR 11 1953

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1768

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		a. STATE Missouri b. COUNTY	
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2099	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4469 Clarence Ave.		d. STREET ADDRESS (If rural, give location) 9 4469 Clarence Ave.	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) Adele		(Month) (Day) (Year) February 13, 1953	
b. (Middle) F.			
c. (Last) Foslar			
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2	8. DATE OF BIRTH Oct. 7, 1892
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years; last birthday) 60
11. BIRTHPLACE (City and State or Foreign Country) Unknown		12. CITIZEN OF WHAT COUNTRY? 9	
13a. FATHER'S NAME Kourik		13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Irene Eggers 5958 Sherry Ave.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Lung		INTERVAL BETWEEN ONSET AND DEATH 1 year	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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 Gut 2/16/53	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 163X
22. I hereby certify that I attended the deceased from 1-28, 1953 to 2-13, 1953 that I last saw the deceased alive on 1-28, 1953, and that death occurred at 4:00 P.M., from the causes and on the date stated above.			
23a. SIGNATURE H.E. Morris M.D.		23b. ADDRESS 4110 W.F. Lambert ave	23c. DATE SIGNED 2-14-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-16-53.	24c. NAME OF CEMETERY OR CREMATORY New Pickers Cemetery
		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.	
DATE REC'D BY LOCAL REG. FEB 16 1953		REGISTRAR'S SIGNATURE J. Cash Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math Hermann & Son, Inc. 2161 E. Fair Ave.

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 Alan W. Hayes

Licensed Embalmer No. 3737

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.