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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis.</u>		c. LENGTH OF STAY (in this place) <u>5 wks</u>		c. CITY OR TOWN <u>Lemay 4850</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Firmin Dealoge Hospital</u>				f. STREET ADDRESS (If rural, give location) <u>647 Beatrice Ave.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>M.</u> c. (Last) <u>FOELLER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 3, 1955</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 5, 1909</u>		
9. AGE (In years last birthday) <u>46</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mill Operator</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Johnson-Foil</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Carl Foeller</u>			13b. MOTHER'S MAIDEN NAME <u>Anna Kuelker</u>			14. NAME OF HUSBAND OR WIFE <u>Loretta Foeller</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>492-09-7142</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Loretta Foeller, 647 Beatrice Ave.</u> 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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of the lungs</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Anteozedullary narrowing of Rt femur</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>misdiagnose lesion to the lungs. Pathological fracture of Rt femur</u>					INTERVAL BETWEEN ONSET AND DEATH <u>7 months</u> <u>Sept - Dec 1954</u> <u>10/5/55</u>	
19a. DATE OF OPERATION <u>9-27-55</u>		19b. MAJOR FINDINGS OF OPERATION <u>Bone destruction at the fracture site</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis Mo. - at h</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8-8-55 ? m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>163 X F at home</u>				
22. I, hereby certify that I attended the deceased from <u>8-8, 1955</u> to <u>10-3, 1955</u> , that I last saw the deceased alive on <u>10-2, 1955</u> , and that death occurred at <u>12-25 PM</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>W. Elliott of Kelly M.D.</u> (Degree or title)				23b. ADDRESS <u>4161 Hindell Blvd. 5 Mr</u> <u>St. Louis</u>		23c. DATE SIGNED <u>10/5/55</u>		
24a. BURIAL, CREMATION, REMOVAL <u>Removal</u>		24b. DATE <u>10/6/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lemay 23, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>OCT 5 1955</u>		REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Fendler Und. Co. 7520 Michigan Ave.</u>				

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.....
Signature of Student Embalmer

Signed.....
W. J. Pitman

Licensed Embalmer No. *376*

P. O. Address *7420 M.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.