

FILED OCT 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35537

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 500		Registrar's No. 2279	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				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>Creve Coeur</u>		c. LENGTH OF STAY (In this place) <u>2 mos</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Creve Coeur #13</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Schuetz Road</u>				d. STREET ADDRESS (If rural, give location) <u>Franklin + Lindbergh</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u>			b. (Middle) _____		c. (Last) <u>FOEHR</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 2, 1955</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jul 22, 1886</u>		9. AGE (In years last birthday) <u>69</u>	# UNDER 1 YEAR Months _____ Days _____	# UNDER 100 Hrs. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Creve Coeur, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Martin Foehr</u>		13b. MOTHER'S MAIDEN NAME <u>Katherine Hermann</u>		14. NAME OF HUSBAND OR WIFE <u>Elizabeth Hild</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Blanche Hermann</u>		ADDRESS <u>42 - Chermont base</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Intestinal Obstruction, partial</u>			INTERVAL BETWEEN ONSET AND DEATH? <u>4 months</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Carcinoma of Rectum</u>		2 years	
				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 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) _____ m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>April 1, 1953</u> , to <u>Oct 2, 1955</u> , that I last saw the deceased alive on <u>Oct 1, 1955</u> , and that death occurred at <u>2:00 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Robert S. Doyle</u>				(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Creve Coeur, Mo.</u>	23c. DATE SIGNED <u>Oct 2, 1955</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-4-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Pauls Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Oliverette, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>10/3/55</u>		REGISTRAR'S SIGNATURE <u>Herbert K. Stomberg</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>William J. Brown, Inc.</u> ADDRESS <u>2501 - Woodson Rd. Overland, Mo.</u>			

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

JUN 14 1957

NOV 14 1956

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.

Signed _____

Oscar F. Mueller

Student Embalmer _____

Licensed Embalmer No. _____

3039

P. O. Address _____

Overland 14

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.