

FILED FEB 27 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>590</u>		Registrar's No. <u>423</u>		
1. PLACE OF DEATH a. CITY <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 OR TOWN <u>FLORISSANT</u>		c. LENGTH OF STAY (in this place) <u>3 yrs</u>		c. CITY OR TOWN <u>FLORISSANT</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>770 JEFFERSON</u>				e. STREET ADDRESS (If rural, give location) <u>770 JEFFERSON</u>				
3. NAME OF DECEASED (Type or Print) <u>JOSEPH A. FOELLER</u>			a. (First)			b. (Middle)		
c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 13 1956</u>					
5. SEX <u>M</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>JAN. 23, 1953</u>		
9. AGE (in years last birthday) <u>3</u>		IF UNDER 1 YEAR Months		IF UNDER 1 HRS. Hours		Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOSEPH J. FOELLER</u>			13b. MOTHER'S MAIDEN NAME <u>MARGARET HELLMANN</u>			14. NAME OF HUSBAND/OR WIFE <u>NONE</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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>JOSEPH J. FOELLER</u>			
						ADDRESS <u>FLORISSANT, MO</u>		
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) <u>Vaccella</u>						INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>		
*This does not mean the mode of dying, such as heart failure, asthenia, 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) <u>Lanbenia, acute</u>		
						DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS								
Conditions contributing to the death but not related to the disease or condition causing death.						<u>087X H</u>		
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) (Min.)		21e. INJURY OCCURRED WHILE AT 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>10-2, 1955</u> , to <u>2-13, 1956</u> , that I last saw the deceased alive on <u>2-13, 1956</u> , and that death occurred at <u>10:20 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>John B. Sutphin M.D.</u>				23b. ADDRESS <u>212 S. Florissant Rd. Ferguson 21, Mo.</u>		23c. DATE SIGNED <u>2-14-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2-15-1956</u>		24c. NAME OF CEMETERY, OR CREMATORY <u>SACRED HEART</u>		24d. LOCATION (City, town, or county) (State) <u>FLORISSANT MO</u>		
DATE REC'D BY LOCAL REG. <u>2-14-56</u>		REGISTRAR'S SIGNATURE <u>Herbert B. Lombardi</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gene A. Hutchins</u>		ADDRESS <u>FLORISSANT, MO.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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**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..... *Gene A. Hutchins*

Licensed Embalmer No..... *496*

P. O. Address..... *Houston*

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.