

FILED MAY 13 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15735

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1084

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>Sappington</u>		c. CITY OR TOWN <u>Sappington</u> <u>4840d</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>29-Oleander Drive</u>		e. STREET ADDRESS (If rural, give location) <u>29 Oleander Drive</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>John</u>	b. (Middle) <u>Martin</u>	c. (Last) <u>Foehr</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 23, 1957</u>
-------------------------------------	------------------------	---------------------------	------------------------	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, &c. <u>Married</u>	8. DATE OF BIRTH <u>May 26, 1887</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
--------------------	-------------------------------	--	--------------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Express Manager</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Express</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Clayton, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	--	--	--

13a. FATHER'S NAME <u>Martin J. Foehr</u>	13b. MOTHER'S MAIDEN NAME <u>Wilhelmina Schrepfer</u>	14. NAME OF HUSBAND OR WIFE <u>Clara W. Foehr</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>188-09-3654</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clara W. Foehr 29 Oleander Drive</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, assthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CHRONIC ENCEPHALITIS</u>		<u>31 yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CHRONIC MYOCARDITIS</u> DUE TO (c) _____		<u>20 yrs</u>
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 <u>343X</u>	20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------------	--	--

21a. ACCIDENT (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? _____

22. I hereby certify that I attended the deceased from May 17, 1926 to April 23, 1957, that I last saw the deceased alive on April 22, 1957, and that death occurred at 1:00 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A. J. Murtland M.D.</u>	23b. ADDRESS <u>4143^A N. NEW ST. EAD</u>	23c. DATE SIGNED <u>4/24/57</u>
---	---	---------------------------------

24a. MARRIED, CREMA, BURIED, OR INTERMENT <u>Buried</u>	24b. DATE <u>4-25-1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Mausoleum</u>	24d. LOCATION (City, town, or county) (State) <u>Pagedale Mo.</u>
---	----------------------------	--	---

DATE REC'D BY LOCAL REG. <u>4-25-57</u>	REGISTRAR'S SIGNATURE <u>Harbert B. Rinke M.D.</u>	25. FORMAL DIRECTOR'S SIGNATURE AND ADDRESS <u>2504 Woodson Rd-Overland-14-Mo.</u>
---	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300
REV. 10-48

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 *David C. Gibson*.....

Licensed Embalmer No. *3487*.....

P. O. Address *Overland*.....

**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.**