

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41971

STATE FILE NUMBER

FILED NOV 19 1957

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10749**

Health,
& Welfare
& Public
Service

S. 300
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN SAINT LOUIS Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Saint Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4268 Ashland Ave Length of stay in lb Life		d. STREET ADDRESS (If outside, give location) 4268 Ashland Avenue Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM PETER FOELSCH			4. DATE OF DEATH Month Day Year NOV. 10 1957
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH September 7, 1881 76 yrs
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		9b. KIND OF BUSINESS OR INDUSTRY Marble Setter	9c. AGE (In years last birthday) 76 yrs
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Marble Setter	10c. BIRTHPLACE (City and state or country) GERMANY
11. BIRTHPLACE (City and state or country) GERMANY		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME UNKNOWN FOELSCH		14. MOTHER'S MAIDEN NAME DORIS UNKNOWN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 309-01-7099	
17. INFORMANT Address Mrs. Cornelia Foelsch, 4268 Ashland Ave 15			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage Diabetes Mellitus DUE TO (b) Diabetes Mellitus DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 4 hours 8 years
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY. Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Nov. 23 to Nov. 10th and last saw him alive on Nov. 8th Death occurred at 7 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Edwin F. Froese, M.D.		22b. ADDRESS 3635 No. Newstead	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Nov. 13, 1957	
23c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri.	
24. FUNERAL DIRECTOR Calvin F. Feutz		25. DATE RECD. BY LOCAL REG. NOV 12 '57	
ADDRESS 4828 Natural Bridge		26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	

7. 813.

Newstead & Nat'l. Bridge,
over Rinderer's Drug Store.

EV-5-8752

1. Jan to 3 Jan 1900

REGISTRATION LICENSE

STATEMENT BY LICENSED EMBALMER

REGISTRATION LICENSE

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 *John A. M...*

Licensed Embalmer No. 416

P. O. Address *St. Louis*

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.