THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-007103
STATE FILE NUMBER

FILED FEB 17 1959

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 2 1276

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): FIRMIN DESLOGE — Length of stay in Hospital: 1/27 to 2-3

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO. b. COUNTY
c. CITY OR TOWN: ST. LOUIS — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location): 2330 Olive St. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Francis Middle: Gene Last: Foreman
4. DATE OF DEATH: Month 2 Day 3 Year 59
5. SEX: M
6. COLOR OR RACE: W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Aug. 22, 1925
9. AGE (In years last birthday): 33 — 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): Clerical
10b. KIND OF BUSINESS OR INDUSTRY: MoPacRR.
11. BIRTHPLACE (City and state or country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13. FATHER'S NAME: Frank Foreman
14. MOTHER'S MAIDEN NAME: Myrtle Cummings
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): World War 2
16. SOCIAL SECURITY NO.: unk
17. INFORMANT: Myrtle Williams — Address: 4473 Grace

MEDICAL CERTIFICATION

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 degeneration — INTERVAL BETWEEN ONSET AND DEATH: 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): air embolism; hypotension — 4 days
DUE TO (c): Congenital heart disease (IASD) — congenital
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 754.3
19. WAS AUTOPSY PERFORMED? YES ☒ No ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY: Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1-27-59, to 2-3-59 and last saw her/him alive on 2-3-59
Death occurred at 10 00 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: J. K. Wellman (Degree or title) M.D.
22b. ADDRESS: 1325 S. Grand
22c. DATE SIGNED: 2-3-59

23a. BURIAL, CREMATION, REMOVAL (Specify): removal
23b. DATE: 2-6-59
23c. NAME OF CEMETERY OR CREMATORY: National Cem.
23d. LOCATION (City, town, or county) (State): Jeff. Brks., Mo.

24. FUNERAL DIRECTOR: Southern Funeral Home — ADDRESS: 6322 S. Grand, St. Louis, Mo.
25. DATE RECD. BY LOCAL REG.: FEB 5 '59
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed David Van Fossen

Licensed Embalmer No. 42

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.