

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022885
STATE FILE NUMBER
2 5473

FILED JUN 18 1959 Registration District No. Primary Registration District No. Registrar No. 5473

300
1-57
2
593
0

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
vector, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

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) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. 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 Deaconess Hospital		Length of stay in 1b 1 week	d. STREET ADDRESS (If outside, give location) 4540 Ray Avenue		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last VICTOR ROY FOSKETT			4. DATE OF DEATH Month Day Year June 6, 1959		
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 June 25, 1895		9. AGE (In years and birthday) 63
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) literature Evangelist		10b. KIND OF BUSINESS OR SERVICE Seventh Day Adventist		11. BIRTHPLACE (City and state or country) St. Louis Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Hosea R. Foskett		13b. MOTHER'S MAIDEN NAME Jennie Heislen	
14. NAME OF HUSBAND OR WIFE Irene Foskett Irene Rohlfing Foskett		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, give dates of service) no none		16. SOCIAL SECURITY NO. 495-26-5652	
17. INFORMANT Mrs. Irene Foskett, 4540 Ray Avenue.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis of heart & aorta? DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 420-0		INTERVAL BETWEEN ONSET AND DEATH 8 days	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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.) ITEM 14 CORRECTED BY AFFIDAVIT of Funeral Director 6-22-59	
20c. TIME OF INJURY Hour Month, Day, Year p.m.		20d. INJURY OCCURRED WHILE AT WORK <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.)	
21. I attended the deceased from Death occurred at		21. CITY, TOWN, OR LOCATION St. Louis		COUNTY STATE Missouri	
21. I attended the deceased from May 30, 59, to June 6, 59 and last saw her alive on June 6, 59 7:10 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Degree or title) Kenneth Cressley M.D.		22b. ADDRESS 16 Hampton Villa Plaza June 22, 59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE June 10, 1959		23c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cemetery	
23d. LOCATION (City, town, or county) St. Louis County, Missouri.		24. FUNERAL DIRECTOR Shepard Funeral Home, 1167 Hamilton Ave		25. DATE RECD. BY LOCAL REG. JUN 8 '59	
26. REGISTRAR'S SIGNATURE H. L. Smith, M.D.		26. REGISTRAR'S SIGNATURE mi 8			

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 Eleonora H. Remelicio

Licensed Embalmer No. 4283
P. O. Address St. Louis, Mo.

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.