

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-003392

FILED VS JAN 22 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 142** STATE FILE NUMBER

UNDEED

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis	Length of stay in 1b 9 Days	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 St. Anthony Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5346 Union Blvd. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Omer Middle Ralph Last Folkerts	4. DATE OF DEATH Month 1 Day 4 Year 1960
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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 7/20/06	9. AGE (last birthday) 53	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bricklayer Helper	10b. KIND OF BUSINESS OR INDUSTRY Combustion Eng.	11. BIRTHPLACE (City and state or country) Mt. Olive, Ill.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Frank Folkert	13b. MOTHER'S MAIDEN NAME Hattie Butts	14. NAME OF HUSBAND OR WIFE Hazel Folkert
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 367-14-5527	17. INFORMANT Address Mrs. Hazel Folkerts, 5346 Union
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY HEART DISEASE		INTERVAL BETWEEN ONSET AND DEATH SUDDEN
DUE TO (b) ARTERIOSCLEROSIS		
DUE TO (c) 4201		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ 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.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from 13 DEC '59 to 4 JAN '60 and last saw her ^{her} alive on 4 JAN '60 Death occurred at 8:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE John Charles Doulek Jr. M.D. (Degree or title)	22b. ADDRESS 2767 Gravois	22c. DATE SIGNED 1-5-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 1/6/60	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery St. Louis County, Mo.	23d. LOCATION (City, town, or county) (State)
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24. FUNERAL DIRECTOR Drehmann-Harral, 1905 Union Blvd. ADDRESS	25. DATE RECD. BY LOCAL REG. JAN 6 1960	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

2767 Gravols
Pr 3-2299
HrB.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Warren A. Carve

Licensed Embalmer No. 3534

P. O. Address _____

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