

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39232**
Registrar's No. **10838**

FILED DEC 29 1944

Registration District No. _____

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Deaconess Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **0** (Specify whether)
In this community **0** years, months or days

3. (a) PRINT FULL NAME **Manasseh Elmer Fosher**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Jennie Fosher** 6. (c) Age of husband or wife if alive **68** years
7. Birth date of deceased **August 21, 1871**
(Month) (Day) (Year)

8. AGE: Years **73** Months **3** Days **27** If less than one day hr. min.

9. Birthplace **Lynn County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

12. Name **John Fosher**
13. Birthplace **Buchanan County Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary E. Blackburn**
15. Birthplace **Iowa**
(City, town, or county) (State or foreign country)

16. (a) Informant **Hobart L. Fosher**
(b) Address **7334 Drexel Drive**

17. (a) **Burial** (b) Date thereof **12-20-44**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Oak Grove Mausoleum**

18. (a) Signature of funeral director **Shogard Funeral Home**
(b) Address **1167 Hamilton Avenue**

19. (a) **DEC 20 1944** (b) **J. F. Brueck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Charles**
(c) City or town **New Melle**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country **1**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **18, 1944**
year **1** hour **35** minute **P** M.

21. I hereby certify that I attended the deceased from **11-21**, 19**44**, to **date 15**, 19**44**;
that I last saw him alive on **12-15**, 19**44**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma - Pancreas**

Due to _____

Due to **Primary site liver**

Other conditions **Hb F**
(Include pregnancy within 3 months of death)

Major findings: **Carcinoma involving Pancreas & liver**
Of operations **Complete bilary obstruction**
Of autopsy **Complete bilary obstruction**

PHYSICIAN

Underline the cause to which death is due, or the condition found at autopsy.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of injury)
(c) Means of injury _____

23. Signature **Harford Phillips** (M. D. or other) **0**
Address **1117 N. Union** Date signed **12-19-44**

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Albert G. Hoppa

Licensed Embalmer No. *2971*

P. O. Address.....

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 this body is not embalmed, fact should be so stated above.