

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

34931

4484

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township 1st East

Primary Registration District No. 100

City St. Louis

1020 E. 17th St.

File No.

Registered No.

St. Ward)

2. FULL NAME

(a) Residence. No. 1430 E. 17th St. 2 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. about 43

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work cook (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

10. NAME OF FATHER Remis Foster

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

12. MAIDEN NAME OF MOTHER Judith Way

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

14. INFORMANT. Wm. H. Bradley (Address) 237 W. 17th

15. FILED. 10/30/29 M. M. Curren REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-27-29

17. I HEREBY CERTIFY That I attended deceased from 9. to 19. that I last saw h. alive on 19. and that death occurred, on the date stated above, at m.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS: Acute dilatation of heart (duration) yrs. mos. ds. acute postmortem (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? DATE OF

20. WAS THERE AN AUTOPSY?

21. WHAT TEST CONFIRMED DIAGNOSIS (Signed) Deputy coroner M. D. (Address) Deputy coroner

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Harbourn Cemetery DATE OF BURIAL 10-30-29

22. UNDERTAKER Wm. H. Bradley ADDRESS 1709 Wm

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH NO ADJUNCTIVE—THIS IS AN INSTRUMENT RECORD

