

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City..... St. Louis (No. 2500 S. 12th. Street St. .... Ward)

File No. 18083  
Registered No. 4522

**2. FULL NAME**

Dottie Foster

(a) Residence, No. 2500 S. 12th. Street St. 23 Ward.  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24th. 1870

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	63	10	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

13. NAME Felix Carson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

15. MAIDEN NAME Not-known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

17. INFORMANT (ADDRESS) Leona Foster  
3207 Potomac Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Mo. Crematory DATE May 5th. 1934

19. UNDERTAKER (ADDRESS) Wm Schumacher  
3013 Meramec Street

20. FILED MAY 03 1934 J. Bredeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1st 19 34

22. I HEREBY CERTIFY, That I attended deceased from June 1928 to May 1 1934

I last saw him alive on May 1 1934 Death is said to have occurred on the date stated above, at 11/05pm

The principal cause of death and related causes of importance were as follows:

Cerebral apoplexy Date of onset 1 mo  
82A  
99  
Arteriosclerosis 6 yrs

Other contributory causes of importance:

Name of operation..... Date of.....  
What test confirmed diagnosis? chemical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify.....

(Signed) P. Brichbauer, M. D.  
(Address) 3147 S. Jeff Ave.

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.

JUN 19 1934

2980  
2981  
2982  
2983

3147 S. <sup>100</sup>/<sub>10</sub> Prop. 2603  
125 3