APR 9 1935

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

791
1003

Do not use this space.

11137

File No.
Registered No. 2773

1. PLACE OF DEATH

County
Registration District No.
Township
Primary Registration District No.
City St Louis (No. Sportsman Park St. Ward)

2. FULL NAME David Wood Foster.

(a) Residence, No. 4960 Forest St., 6 Ward.
(Usual place of abode) (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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 21. 1867.

7. AGE: Years 68. Months 0 Days 3. If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Insurance.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Agent.
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): Mo.

FATHER
13. NAME: D. B. Foster.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

MOTHER
15. MAIDEN NAME: Unknown.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

17. INFORMANT: Mrs Nellie Foster.
(ADDRESS) 4960 Forest Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE March 27 1935

19. UNDERTAKER: Mullen Bud Co.
(ADDRESS) 5765 Delmar Blvd

20. FILED MAR 25 1935 19 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March. 24. 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4:30 p.m.

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

	Date of onset
Arteriosclerosis. Chronic	
Myocarditis - Chronic Interstitial	
Nephritis -	

Other contributory causes of importance:

31

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes.

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? .....
If so, specify .....

(Signed) Harold [illegible], M. D.
3/25/35 (Address) [illegible]

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.

Coroner.