

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.

St Louis Maternity Hospital  
NOV 9 1935

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

Do not use this space.

31401

1. PLACE OF DEATH

County ..... Registration District No. 791  
Township ..... Primary Registration District No. 1003  
City St. Louis, Mo. (No. St. Louis Maternity) File No. 8240  
St. .... (Ward)

2. FULL NAME Foster Infant

(a) Residence, No. Route # 7, Box 504 - Mellston Station (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)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-23-35

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
2

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

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) St. Louis, Mo.

13. NAME Foster, James Nelson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn Creek, Mo.

15. MAIDEN NAME Wise, Margaret

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Overland, Mo.

17. INFORMANT (ADDRESS) James D. Foster Mellston, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis Maternity Hosp 25 35

19. UNDERTAKER (ADDRESS) Dept of Pathology

20. FILED OCT - 1 1935 J. T. Bradley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 25 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-25-1935, to 9-28-1935

I last saw him alive on 9-24-35, 19 Death is said to have occurred on the date stated above, at 7:50 a.m.

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

Prematurity Date of onset

Other contributory causes of importance:

E. Clamptonia (mother)

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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) G. A. Thompson, M. D.  
(Address) 9720 Washington

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