

REC'D JUN 9 1938

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

16510
Do not use this space.

791
1003

4371

1. PLACE OF DEATH
 (a) County.....
 (b) Township.....
 (c) City St. Louis, Missouri (d) Street No. City Sanitarium St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Foster
 (a) Residence, No. 8311 Van Buren St. 1
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Mabel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 28, 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 3 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Houseman
 9. Industry or business in which work was done, as saw mill, bank, etc. City Sanitarium
 10. Date deceased last worked at this occupation (month and year) 5/6/38 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peverly Missouri

FATHER 13. NAME Unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

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

17. INFORMANT Dr. Wm. McNamee
 (ADDRESS) 5400 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Hope DATE May 13/38

19. FUNERAL DIRECTOR (ADDRESS) Frankl. Reed Co 7420 Michigan Ave

20. FILED MAY 12 1938 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-11-38, 19__

22. I HEREBY CERTIFY, That I attended deceased from 5-6-38, 19__, to 5-11-38, 19__.

I last saw him alive on 5-11-38, 19__. Death is said to have occurred on the date stated above, at 3:05 A.M.

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

Chronic myocarditis
causing acute decompensation

Date of onset 5/6/38

Other contributory causes of importance:
acute Pulmonary Edema 5/6/38

Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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?
 If so, specify William F. McNamee M. D.
 (Signed) William F. McNamee
 (Address) 5400 Arsenal St.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

50M-7-20-37
1 X12004

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. 2679

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Harry J. Schumacher

Licensed Embalmer No. 2679

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.)