

REC'D SEP 12 1938

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

27594

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **Homer Phillips Hospital** 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 **20** yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. **7608**

2. PRINT FULL NAME

William Foster **231**
(a) Residence, No. **2606 Thomas** St. **21**
(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 **M** 4. COLOR OR RACE **C** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 5, 1878**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 2 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **nil**
9. Industry or business in which work was done, as 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) **Alabama**13. NAME **unknown**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unknown**15. MAIDEN NAME **Mary ?**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unknown**17. INFORMANT **Evelyn Hilliard**
(ADDRESS) **2601 N Whittier**18. BURIAL, CREMATION, OR REMOVAL
PLACE **Washington Park** DATE **8-27-38**19. FUNERAL DIRECTOR (NAME) **Ellis Funeral Home**
(ADDRESS) **2820 Stoddard St**20. FILED **26 1938** **J.F. Bullard**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **August 22**, 19 **38**22. I HEREBY CERTIFY, That I attended deceased from **Aug. 15**, 19 **38**, to **Aug. 22**, 19 **38**I last saw him alive on **Aug. 22**, 19 **38** Death is saidto have occurred on the date stated above, at **1:25a** m.

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

Hypertensive heart disease ✓

Date of onset

8/22/38Other contributory causes of importance:
Cerebral hemorrhageName of operation **clinical** Date of
What test confirmed diagnosis? **clinical** 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? **1**

If so, specify

(Signed) **J. J. Lynam**, M. D.(Address) **2601 N Whittier**

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Lonnie Boyer

or by myself

Registered Apprentice No. _____, working under my personal supervision.

Signed Lonnie Boyer

Licensed Embalmer No. 2946

P. O. Address St. Louis Mo.

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.)

If this body is not embalmed, above space should be left blank.