

DEC 12 1938

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

37350  
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. **4253 Kossuth Ave** St. **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 **Claude F Foster**  
(a) Residence, No. **4253 Kossuth Ave** St. **10**  
(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) **Single**  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept 4th 1887**  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**51 2 2**  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Retired Coal Miner**  
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) **Renick**  
(STATE OR COUNTRY) **Missouri**

FATHER 13. NAME **Frank Foster**  
14. BIRTHPLACE (CITY OR TOWN) **Pennsylvania**  
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Priscilla Davis**  
16. BIRTHPLACE (CITY OR TOWN) **Iowa**  
(STATE OR COUNTRY)

17. INFORMANT **Priscilla Foster**  
(ADDRESS) **4253 Kossuth**

18. BURIAL, CREMATION, OR REMOVAL **National**  
PLACE **Jefferson Barracks Mo** DATE **Nov 9th**, 19**38**

19. FUNERAL DIRECTOR (NAME) **Stroot - Carroll**  
(ADDRESS) **4600 Natural Bridge Ave**

20. FILED **NOV 8 1938**  
**J. J. Bredeck**  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov 6th**, 19**38**  
22. I HEREBY CERTIFY, That I attended deceased from **Nov 2**, 19**38** to **Nov 5**, 19**38**  
I last saw him alive on **Nov 5**, 19**38**. Death is said to have occurred on the date stated above, at **4 am**.  
The principal cause of death and related causes of importance were as follows:

**Terminal Broncho-Pneumonia** Date of onset **10-21-38**  
**Cardiac Exhaustion, no definite heart disease. Apparently caused by Gas Asthma**  
Other contributory causes of importance:  
**Asthma following Gas in World War** 19**20**

Name of operation **Phys Exams, X-rays** 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  
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) **Malven Jess** M. D.  
(Address) **3611 St. Louis 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.

**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, .....

....., or by .....

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

Signed.....

*Frank H. Street*

Licensed Embalmer No. 2265

P. O. Address.....

**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.**