

REC'D FEB 10 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

791
1003

854
Do not use this space.
854

1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No..... Registered No.....
 (c) City St. Louis (d) Street No. DePaul Hospital Ave. 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 236 Leslie W. Foster

(a) Residence, No. 5021 Arlington Ave. St. 7 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Clara L. Foster

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 10th, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 9 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Printer
 9. Industry or business in which work was done, as saw mill, bank, etc. St. L. Post Dispatch
 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) Illinois

FATHER 13. NAME Daniel Foster

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

MOTHER 15. MAIDEN NAME Catherine Cantz

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Clara L. Foster
5021 Arlington Ave.

18. BURIAL, CREMATION, OR REMOVAL Valhalla Crematory DATE Jan. 28th, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Strehmann Haral
1905 Union Blvd.

20. FILED J. B. Bricker Local Registrar.
JAN 27 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 25th, 1939

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

I last saw him/her alive on....., 19..... Death is said to have occurred on the date stated above, at....., 11:15 A.M.

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

Ulcer of leg; Chronic nephritis; Myocardial infarction; suffered following fall when deceased stumbled

Other contributory causes of importance: in steps leading to front porch of his home at 5021 Arlington Ave. Dec. 15, 1938 about 11:00 P.M.

Name of operation Accident 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. Accident Date of injury 12/19/38

Where did injury occur? St. Louis
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Stumble
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify.....
 (Signed) Joseph M. Quinn, M.D.
 (Address) Deputy Coroner

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.

