

REC'D MAR 13 1939

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

4871  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1003  
 (b) Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registered No. 1564  
 (c) City ST. LOUIS (d) Street No. 5162 SAN FRANCISCO 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

(a) Residence, No. 5162 SAN FRANCISCO 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 <u>MALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>WIDOWED</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>EMMA FOSTER.</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>AUG. 12. 1843.</u>				
7. AGE	YEARS <u>95</u>	MONTHS <u>6</u>	DAYS <u>4</u>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Retired.</u>			
	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) <u>NEW ORLEANS. LA.</u>				
FATHER	13. NAME <u>UNKNOWN</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME <u>"</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>"</u>			
17. INFORMANT <u>William Foster</u> (ADDRESS) <u>6535 Curtis - Pine Lawn Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Peter's Cemetery</u> DATE <u>Feb 20, 1939</u>				
19. FUNERAL DIRECTOR (NAME) <u>Mr. M. Schumacher</u> (ADDRESS) <u>4834 National Bridge</u>				
20. FILED <u>FEB 17 1939</u> <u>J. P. Braddock</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 27, 1937 to Feb 16, 1939  
 I last saw him alive on Feb 15, 1939. Death is said to have occurred on the date stated above, at 9:50 a.m.  
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis  
Chronic Bronchitis  
Arteriosclerosis

Other contributory causes of importance:  
"

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? Physical Exam 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 \_\_\_\_\_  
 (Signed) Geoff Hooper, M. D.  
 (Address) 3442 Shalldin 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

*Howard F Rowland*

Licensed Embalmer No. *3114*

P. O. Address *Shaw's 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.**