No. 2
10-39
17-39
X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED JUL 17 1940

State File No. 20105

Registration District No. 791 1 Primary Registration District No. 1003

Registrar's No. 5053

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G. Phillips 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)
In this community 16 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis 21
(If outside city or town limits, write "RURAL")
(d) Street No. 1910 Delmar
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

8. (a) PRINT FULL NAME Mack Foster 236

8. (b) If veteran, name war (495-16-2958) 5

8. (c) Social Security No. Unknown

4. Sex Male

5. Color or race Col.

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec. (Month) 25 (Day) 1894 (Year)

8. AGE: Years 45 Months 6 Days 12 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Ala (State or foreign country)

10. Usual occupation Laborer 1

11. Industry or business Unknown

FATHER
12. Name Peter Foster 1
13. Birthplace Unknown (City, town, or county) Ala (State or foreign country)

MOTHER
14. Maiden name Mary Unknown
15. Birthplace Fort Oak (City, town, or county) Ala (State or foreign country)

16. (a) Informant Julia Foster
(b) Address 1509 So 3rd St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-10-40 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Mary Wade
(b) Address 420 S Jefferson Ave.

19. (a) JUN 10 1940 (Date received local registrar) (b) [illegible] (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 6 year 1940 hour 2 minute 30 A. M.

21. I hereby certify that I attended the deceased from 6-3- 1940 to 6-6- 1940 that I last saw him alive on 6-6- 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertensive Heart Disease	About 2 Yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature H. J. Syman (M. D. or other)
Address 2601 N. Whittier Date signed 6-8-1940

(Licensed Embalmer's Statement on Reverse Side)

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 S. J. Watson

Licensed Embalmer No. 269

P. O. Address 2769 Church

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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