

o. 2
13-40
7-39
X23159

Registration District No. **791** Primary Registration District No. **1003**

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: **Phillips Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **18 days**
In this community **20 yrs**
(Specify whether years, months or days) **/**

3. (a) PRINT FULL NAME **Frank Foster**
3. (b) If veteran, name war.....
3. (c) Social Security No.....

4. Sex **Male** race **Col**
5. Color **Col**
6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife.....
6. (c) Age of husband or wife if alive **2** years **1899** (Day) (Year)

7. Birth date of deceased **Nov 2**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	40	11	27	hr. min.

9. Birthplace **Ark**
(City, town, or county) (State or foreign country)

10. Usual occupation **Labor**

11. Industry or business.....
12. Name **Jim Foster**
13. Birthplace **Ark**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Nelson**
15. Birthplace **Ark**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mary E. Ellick**
(b) Address **817a N 20th St**

17. (a) **Rural** (b) Date thereof **Jan 4, 41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Greenwood cem**

18. (a) Signature of funeral director **F. A. Green**
(b) Address **2915 Franklin Ave**

19. (a) **DEC 31 1940** (b) **J. W. Johnson**
(Date received by local registrar) (Registrar's signature)

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. **817a N 20th St**
(If rural, give location)
(e) If foreign born, how long in U. S. A.?..... years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **December** day **29**
year **1940** hour **10:10** minute..... AM.

21. I hereby certify that I attended the deceased from **December 11, 1940** to **December 29, 1940**,
that I last saw him alive on **December 29, 1940**,
and that death occurred on the date and hour stated above.

Immediate cause of death
Acquired Lues
Luetic Myocarditis
Ventricular Failure } **Prob 5 yrs**
Duration **Unk**

Due to **JH**
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?.....

While at work?..... (Specify type of place) (e) Means of injury.....
23. Signature **J. W. Johnson** (M. D. or other)
Address **2600 N Whittier** Date signed.....

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

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.....

G. A. Hosen

Licensed Embalmer No.....

2983

P. O. Address.....

2915 Franklin

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, fact should be so stated above.