

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

00  
17  
9  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town Saint Louis  
(If outside city or town limits, write "RURAL," and name of township)

(c) Name of hospital or institution:  
4563 Gibson Ave  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Julie Blanche Foster

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Benj. R. Foster. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 23 - 1863  
(Month) (Day) (Year)

8. AGE: Years 77 Months 10 Days 18 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Woodburn / Illinois.  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Ruben R. Tompkins

13. Birthplace Virginia  
(City, town, or county) (State or foreign country)

14. Maiden name Susan Hamilton

15. Birthplace Mass.  
(City, town, or county) (State or foreign country)

16. (a) Informant Randell Foster

(b) Address 6626 Waterman Ave.

17. (a) Burial (b) Date thereof 3 - 15 - 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director C. R. Lupton & Sons

(b) Address 7233 Delmar Blvd.

19. (a) MAR 14 1941 (b) J. W. Zudeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000/8

(c) City or town Saint Louis 17  
(If outside city or town limits, write "RURAL")

(d) Street No. 4563 Gibson Ave 9  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 - day 13, year 1941, hour 8:25 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from January 17, 1940 to March 13, 1941; that I last saw her alive on March 13, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Thrombosis, anterior cerebral artery Duration 3 day

Due to Arterio-sclerosis, general and cerebral 4 + years

Due to Smoking 1860's

Other conditions 1816  
(Include pregnancy within 3 months of death)

Major findings: None seen Dec 19, 1940 for fracture of right hip.

Of autopsy None

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) Accident

(b) Date of occurrence Dec. 17th, 1940

(c) Where did injury occur? St. Louis, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury fell to floor

23. Signature John G. Taylor (M.D.) (M. D. or \_\_\_\_\_)

Address 4622 Taylor Date signed 2-14-41

462 N. Taylor  
JFE - 8763  
9-12 - 4-5  
a.m. P.M.

**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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address St. Louis 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, fact should be so stated above.**