

No. 2
4-13-40
5-17-39
P1 X23139

MAY 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12557
Registrar's No. 2987

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 2987

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(c) Name of hospital or institution: Homer G. Phillips Hospital
(d) Length of stay: In hospital or institution 3 mo-13 days
In this community 2 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(d) Street No. 4223 W. Finney
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Dell Foster
(b) If veteran, name war 760
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 29
year 1941 hour 5:18 minute A. M.

4. Sex male 5. Color or race Negro
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Wesley Foster
6. (c) Age of husband or wife if alive 27 years
7. Birth date of deceased July 16, 1915

21. I hereby certify that I attended the deceased from December 16, 1940 to March 29, 1941
that I last saw him alive on March 29, 1941
and that death occurred on the date and hour stated above.

8. AGE: Years 25 Months 8 Days 13
If less than one day hr. _____ min. _____

Immediate cause of death Pulmonary Tuberculosis Duration 1 yr.

9. Birthplace Boland, Missol
(City, town, or county) (State or foreign country)

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

10. Usual occupation Laborer

11. Industry or business _____
12. Name Refus Foster
13. Birthplace Boland, Missol
14. Maiden name Mary Johnson
15. Birthplace Boland, Missol

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

16. (a) Informant Andrew Foster
(b) Address 2909 W. Belmar
17. (a) Removal (b) Date thereof Apr 4, 1941
(c) Place: burial or cremation Boland, Missol

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

18. (a) Signature of funeral director English Und. Co
(b) Address 2931 Lucas ave
19. (a) ADD (b) J. Brebeck
(Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place) _____ (e) Means of injury _____
23. Signature Andrew Foster (M. D. or other) _____
Address 2601 N. Whittier Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

3-31-41

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

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17
9

MOTHER FATHER

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 Lucas English
Licensed Embalmer No. 4208
P. O. Address 2931 Lucas, Ave.

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.