

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 765

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: St. Louis County Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 hrs. 20 min.
(Specify whether years, months or days)

In this community life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Prospect Hill
(If outside city or town limits, write "RURAL")

(d) Street No. 442 Leeton Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A. 1 years.

3. (a) PRINT FULL NAME Foster, Baby Boy

3. (b) If veteran, name war no

3. (c) Social Security No. Snone 3

4. Sex male 5. Color or race colored

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Jan. 27 1941
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>0</u>	<u>0</u>	<u>4 hr. 20 min.</u>

9. Birthplace Clayton Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business _____

MOTHER FATHER

12. Name William Foster

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

14. Maiden name Wardella Butler

15. Birthplace Mt. Pleasant Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant mother, Wardella Foster

(b) Address 442 Leeton, Prospect Hill, Mo.

17. (a) cremation (b) Date thereof 4-8-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. L. Crematory

18. (a) Signature of funeral director St. Louis County Hospital

(b) Address North & South Rd. Clayton, Mo.

19. APP 8 1941 (b) T.R. Meyer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 27
year 1941 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from 1-27-41
_____, 19____, to 1-27-41, 19____;
that I last saw him alive on 1-27-41, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Prematura birth

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

Duration 6 Wks.

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 B. A. Stuckelmann (M. D. or other) MD

Address St. Louis Co. Hospital Date signed 1-28-41

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

76
2
3

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.....

Licensed Embalmer No.....

P. O. Address.....

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.