FILED JUL 7 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

22671

State File No.

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1536

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Robert Koch Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 1/2 yrs (Specify whether years, months or days)

In this community 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 2612 A Gamble 9 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME JESSE FOSTER

3. (b) If veteran, name war No

3. (c) Social Security No. 494-05-5539

4. Sex M 2

5. Color or race N

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

6. (b) Name of husband or wife Lena Foster

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

7. Birth date of deceased August (Month) 1 (Day) 1883 (Year)

8. AGE: Years 57 Months 10 Days 21 If less than one day ___ hr. ___ min.

9. Birthplace Montgomery (City, town, or county) / Alabama (State or foreign country)

10. Usual occupation Laborer

11. Industry or business American Car Wheel Foundry

FATHER
12. Name Griffin Foster
13. Birthplace Unknown (City, town, or county) / Alabama (State or foreign country)

MOTHER
14. Maiden name Hester Caldwell
15. Birthplace Unknown (City, town, or county) / Alabama (State or foreign country)

16. (a) Informant Hospital Records

(b) Address Robert Koch Hospital

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-28-41 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director Ellis Funeral Home

(b) Address 2820 Stoddard St

19. (a) JUN 26 1941 (Date received local registrar) St. R. Meyer M.D. Dr. P.H. (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month June day 22 year 1941 hour 12:45 minute P M.

21. I hereby certify that I attended the deceased from Dec 30 1939 to June 22 1941 that I last saw him alive on June 22 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Tuberculosis of lungs	2 yrs.
Due to	
Due to	
Other conditions Syphilis (Include pregnancy within 3 months of death)	25 yrs.

30 g

Major findings:
Of operations
Of autopsy Denied

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 Herbert C. Sweet (M. D. ~~or other~~)

Address Robert Koch Hospital Date signed 6/22/41

(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 .....

Licensed Embalmer No. .....

P. O. Address .....

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, fact should be so stated above.