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FILED OCT 18 1941  
1941

STANDARD CERTIFICATE OF DEATH

State File No. 29729

1003

7067

Registration District No.

Primary Registration District No.

Registrar's No.

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:  
Lutheran Convalescent Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 week  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME William Foster

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife Ruth M. Foster 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased. August 31, 1873  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
68 0 1 hr. min.

9. Birthplace: Greenville, Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Delicatessen Proprietor

11. Industry or business Own Business

MOTHER FATHER { 12. Name Tom Foster  
13. Birthplace Greenville, Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Foster  
(b) Address 3866 Lafayette Avenue

17. (a) Burial (b) Date thereof SEPT 3rd 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BELLEFONTAINE CEMETERY

18. (a) Signature of funeral director Wm. J. Robert & Co.

(b) Address 1905 So. Grand Blvd.

19. (a) SEP 2 1941 (b) J. P. Bredick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3866 Lafayette  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 1  
year 1941 hour 8:06 minute 15 A. M.

21. I hereby certify that I attended the deceased from Aug 6  
1941 to Sept 01 1941;  
that I last saw him alive on Aug 24 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis

Due to Arterial Sclerosis

Due to \_\_\_\_\_

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

Major findings: Of operations 8/28  
Of autopsy 8/28

Duration  
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 Royall Weir (M. D. or other) \_\_\_\_\_  
Address 1703 So Grand Date signed 9/1/41

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.....

*John Ketter*

.....  
Licensed Embalmer No..... 3880

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, above space should be left blank.