

FILED DEC 21 1943 18

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No.

Primary Registration District No. 1003

Registrar's No. 10295

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:
Protonoid and dental City Hosp
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6241 Southwood
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME May Kelton Foster

3. (b) If veteran, name war 3. (c) Social Security No. 493-20-1658

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

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if

7. Birth date of deceased May 19 1913
(Month) (Day) (Year)

8. AGE: Years 69 Months 7 Days 4 If less than one day
hr. min.

9. Birthplace Calais VT (City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business.....

12. Name W. M. Kelton

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

14. Maiden name Drene Kelton (State or foreign country)

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

16. (a) Informant Arthur Foster

(b) Address 908 Elm, Rolla mo

17. (a) Removed (b) Date thereof Dec 11, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rolla mo

18. (a) Signature of funeral director W. H. S. Washington

(b) Address 446 S. Washington St

19. (a) W. J. Bond (b) J. J. Bond
(Date of local registrar) (Registrar's signature)

20. DATE OF DEATH: Month Dec day 8
year 1942 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 1, 1940, to Dec 8, 1942; that I last saw her alive on Dec 5, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death..... Cerebral Hemorrhage (non-traumatic) Duration 1 day

Due to arterio sclerosis 5 yr

Due to.....

Other conditions (include pregnancy within 3 months of death) 8 yr

Major findings: Of operations.....

Of autopsy.....

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) (a) Means of injury.....

23. Signature W. J. Bond (M. D. or other) M. D.

Address 402 Latta Blvd Date signed 12-9-42

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

MOTHER FATHER

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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 *Wilander Craig*

Licensed Embalmer No. *826*

P. O. Address *4468 Washington*

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.