

3. No. 2
M-5-43
5-17-39
X3877

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36358

State File No.

FILED NOV 13 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9743

1. PLACE OF DEATH:

(a) County _____
(b) City or town City of St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Alexian Brothers Hospital
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town City of St. Louis
(If outside city or town limits, write "RURAL") 15 000 17 9
(d) Street No. 5712 So. Compton Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Samuel W. Foster

3. (b) If veteran, name was none 3. (c) Social Security No. 712-16-0139

4. Sex male 0 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Agnes Ferguson 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased July 22 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 3 13 hr. _____ min.

9. Birthplace near Tebbetts 0 Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk Police Court #2

11. Industry or business Municipal Courts

12. Name George W. Foster

13. Birthplace near Tebbetts 0 Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary Susan Jordan

15. Birthplace near Tebbetts 0 Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Agnes Foster

(b) Address 5712 South Compton Ave.

17. (a) burial (b) Date thereof 11-8-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hiram Cemetery

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

(b) Address 6322 So. Grand Blvd.

19. (a) NOV 6 1943 (b) J. F. Dineck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 4
year 1943 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from Oct. 31st, 1943 to Nov. 4th, 1943
that I last saw him alive on Nov. 3rd, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 4 days

Due to _____

Due to _____

Other conditions Arteriosclerosis 6 mo.
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

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) no

(b) Date of occurrence XXX

(c) Where did injury occur? XXX
(City or town) (County) (State)

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

While at work XXX (Specify type of place) (e) Means of injury

23. Signature Dr. W. H. Walters (M. D. or other) 11/5/43
Address 3608 S. Grand Blvd. Date signed _____

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

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 Virgil L. Berryman
Licensed Embalmer No. 4018
P. O. Address St. Louis, Mo.

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.