

FILED SEP 14 1945
318

STANDARD CERTIFICATE OF DEATH
1003

State File No.

Registrar's No.

7908

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:
St. Mary's Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 20 years
years, months or days (Specify whether)

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. 2248 Washington Ave.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Dee Foster

3. (b) If veteran, name war World War 1
3. (c) Social Security No. 491-16-0673

4. Sex Male 5. Color or race Col.
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ida Foster
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased March 22 1898
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
47 5 15 hr. min.

9. Birthplace Little Rock Ark.
(City, town, or county) (State or foreign country)

10. Usual occupation Waiter

11. Industry or business Mo. Pac. R. R. Co.

12. Name Hebrew Foster

13. Birthplace Little Rock Ark.
(City, town, or county) (State or foreign country)

14. Maiden name Ma Ftha Love

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

16. (a) Informant Ida Foster

(b) Address 2248 Washington Ave.

17. (a) Burial (b) Date thereof 9/12/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cem.

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

(b) Address 2820 Stoddard St.

19. (a) SEP 10 1945 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 7
year 1945 hour 9:30 minute 5.0 A.M.

21. I hereby certify that I attended the deceased from 5-27 1945, to 9-7 1945
that I last saw him alive on 9-4 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis
Due to Mysocarditis

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

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? 0 Means of injury
23. Signature [Signature] (M. D. or other)
Address U.N. Jeff Date signed 7/12/45

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

MOTHER FATHER

2945-1-1951

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

L. Boyer

Registered Apprentice No.

27

working under my personal supervision.

WNET

WOTA

Signed

Lommo Boyer

Licensed Embalmer No.

2946

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.