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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29014

FILED OCT 3 1945

Registration District No. 1003

Primary Registration District No.

Registrar's No. 8414

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

500
17
9

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: 2208 Blendon Pl.
(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 Mo (b) County 000

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

(d) Street No. 2208 Blendon
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME FOSTER, ANNA

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife CHAS. W. FOSTER

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

7. Birth date of deceased DEC. 16 1856
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
88	9	10	hr. min.

9. Birthplace NEW ALBANY IND. 1
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name PRESLEY HICKS
13. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ANNA E. DILLO
15. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

16. (a) Informant MR. M. H. FOSTER
(b) Address 2208 BLENDON PL.

17. (a) BURIAL (b) Date thereof SEPT. 29-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Parklawn Cem.

18. (a) Signature of funeral director M. J. Croghan
(b) Address ~~[illegible]~~ 7146 Manchester

19. (a) SEP 28 1945 (b) J. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 26th
year 1945 hour 3 minute a M.

21. I hereby certify that I attended the deceased from Dec. 16th, 1944 to Sept. 25, 1945;
that I last saw her alive on Sept 25, 1945;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Ex Cavestion	
Due to Pulmonary Edema	1 day
Due to Myocardial degeneration	many years
Other conditions Hemiplegia	
(Include pregnancy within 3 months of death)	

Major findings:
Of operations 93d
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? (e) Means of injury

23. Signature Frances R. Ritchie (M. D. or other) M. D.
Address 5233 Watman Av. Date signed 9.27.45

(Licensed Embalmer's Statement on Reverse Side)

5233 Waterman

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 Albert G Hoppe

Licensed Embalmer No. 2974

P. O. Address.....

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.