

S. No. 2
M-5-43
y. 5-17-39
I X365

FILED SEP 28 1946

Registration District No.

Primary Registration District No. **1003**

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

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:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 13 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Margaret Foster

3. (b) If veteran, name war. --

3. (c) Social Security, No. --

4. Sex Female 5. Color or race C

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Hider

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased May 24 1906
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

40 3 20 hr. min.

9. Birthplace Bolige Gibson Ala.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business --

MOTHER FATHER

12. Name Allen Gibson

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

14. Maiden name Anna James

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

16. (a) Informant Hider Foster

(b) Address 7312a N. Broadway

17. (a) Removal (b) Date thereof 9-18-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hotaw, Alabama

18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Ave.

19. (a) **SEP 18 1946** (b) J. J. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 7312 N Broadway
(If rural, give location)

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 14 year 1946 hour 8 minute 15 A M.

21. I hereby certify that I attended the deceased from Sept. 1 1946 to Sept. 14 1946
that I last saw her alive on Sept. 14 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Pelvic Peritonitis withb Adynomia Ileus

Due to

Due to

Other conditions 56
(Include pregnancy within 3 months of death)

Major findings: 56

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?

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

While at work? (Specify type of place) (c) Means of injury

23. Signature E. B. Williams (M. D. or other)

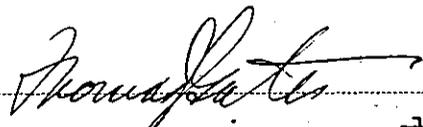
Address 2601 N. Webster Date signed

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.....

..... Thomas J. Gates, Registered Apprentice No.....
working under my personal supervision.

Signed.....



.....
..... Licensed Embalmer No. ~~1826~~ 4259

P. O. Address..... 4107 Finney Ave.

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.