S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18830

FILED JUN 2 1947 Hist. 70644

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4910

1. PLACE OF DEATH:

(a) County

(b) City ~~or town~~ St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital, Max Starkloff
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 Days Memorial.
(Specify whether

In this community 25 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 23 1923a S. Broadway
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ESSIE FOSTER

3. (b) If veteran, name war None

3. (c) Social Security No. 487-22-9169

4. Sex Female

5. Color or race Whkte

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

6. (b) Name of husband or wife James E. Foster

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased April (Month) 5 (Day) 1894 (Year)

8. AGE: Years 53 Months 1 Days 7 If less than one day hr. min.

9. Birthplace East Alton (City, town, ~~or county~~) Illinois (State ~~or foreign country~~)

10. Usual occupation Housewife

11. Industry or business Own Home

FATHER
12. Name Albert Schriner
13. Birthplace Kenston (City, town, or county) Germany (~~State or~~ foreign country)

MOTHER
14. Maiden name Martha A. Provins
15. Birthplace Irondale (City, town, ~~or county~~) Missouri (State ~~or foreign country~~)

16. (a) Informant James C Foster
(b) Address 1923a S. Broadway, St. Louis, Mo

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof May 15, 1947 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ Alton, Illinois

18. (a) Signature of funeral director Robert H Streeper
(b) Address 2521 Edwards St, Alton, Ill.

19. (a) MAY 15 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12th year 1947 hour 7:45 minute P M.

21. I hereby certify that I attended the deceased from 4-26-47, 19, to 5-12-47, 19; that I last saw her alive on 5-12-47, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Septicemia (Pyocyaneous)	12 Days
Due to: Bilateral pyelonephritis (Pyocyaneous)	2 Weeks
Due to:	
Other conditions: Carcinoma of Cervix - Stage I (Include pregnancy within 3 months of death)	4 mos.

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause of 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 Francis R Burns, (M. D. or other)

Address 1515 Lafayette Date signed 5-13-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....Robert H. Streeper.....

Licensed Embalmer No.....2474.....

P. O. Address.....Alton, Ill.....

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.