

FILED SEP 4 1947

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **8157**

1. PLACE OF DEATH: **318**

(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: **ROMER G. PHILLIPS HOSPITAL**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... **25 yrs**
(Specify whether years, months or days)

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") **17**

(d) Street No. **2908 Rutger**
(If rural, give location) **9**

(e) Citizen of foreign country?..... (Yes or No) **0**
If yes, name country.....

3. (a) PRINT FULL NAME..... **ABE FOSTER**

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

3. (c) Social Security No.

4. Sex..... **Male** 5. Color or race..... **Col**

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

6. (b) Name of husband or wife..... **Annie**

6. (c) Age of husband or wife if alive..... **27** years

7. Birth date of deceased..... **Feb 15 1892**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	55	6	7hr.....min.

9. Birthplace..... **Ruston LA.**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Ice And Coal Dealer**

11. Industry or business.....

12. Name..... **Not Known**

13. Birthplace..... **Not Known**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Not Known**

15. Birthplace..... **Not Known**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Annie Foster**

(b) Address..... **2908 Rutger**

17. (a) **Burial** (b) Date thereof..... **8.28.47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Oak Dale Cem**

18. (a) Signature of funeral director..... **J. F. Watson**

(b) Address..... **2769 Chouteau Ave**

19. (a) **8-27-1947** (b) **J. F. Braden**
(Date received local registrar's certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **22**
year **1947** hour **3** minute **50 P.M.**

21. I hereby certify that I attended the deceased from..... **July 16** 19**47** to **August 22** 19**47**:
that I last saw him alive on **August 22** 19**47**:
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Carcinoma of Rectum**

Due to.....

Due to.....

Other conditions..... **None**
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy..... **Yes**

Duration.....

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..... **C**

23. Signature..... **James Whittier** (M. D. or other).....

Address..... **2601 N. Whittier** Date signed..... **8/25/47**

WRITE PLAINLY—USING 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

Licensed Embalmer No. *2698*

P. O. Address *2769 Unroute*

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.