No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35725
Registrar's No. 9334

FILED OCT 24 1947 318
Registration District No. ..... Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County .....
(b) City or town St. Louis City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Infy. Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9-25-47/10-6-47 (Specify whether years, months or days)
In this community 35 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County .....
(c) City or town City
(If outside city or town limits, write "RURAL")
(d) Street No. 5800 Arsenal ST.
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME James Foster.
3. (b) If veteran, name war .....
3. (c) Social Security No. 493-01-4447
4. Sex Male
5. Color or race Color
6. (a) Single, widowed, married, divorced Sep.
6. (b) Name of husband or wife Rossie
6. (c) Age of husband or wife if alive Unk. years
7. Birth date of deceased Feb. (Month) 7th (Day) 1873 (Year)
8. AGE: Years 74 Months 7 Days 29 If less than one day ..... hr. ..... min.
9. Birthplace Miss. (City, town, or county) (State or foreign country)
10. Usual occupation House MAN
11. Industry or business .....
MOTHER FATHER
12. Name William Foster.
13. Birthplace Miss. (City, town, or county) (State or foreign country)
14. Maiden name Martha?
15. Birthplace Miss. (City, town, or county) (State or foreign country)
16. (a) Informant City Infy. Records.
(b) Address 5800 Arsenal ST.
17. (a) Greenwood (Burial, cremation, or removal) (b) Date thereof 10/11/47 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cem.
18. (a) Signature of funeral director Carter Und. Co.
(b) Address 3028 Dickson
19. (a) OCT 8 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 10/6/47 day 6 year 1947 hour 12 minute 00 M.
21. I hereby certify that I attended the deceased from 9/25 1947 to 10-6 1947 that I last saw him alive on 10-6 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac failure	
Mitral stenosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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 0
23. Signature Warren C. Lewis (M. D. or other)
Address 5600 Arsenal Date signed 10-7-47

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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

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.