

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 24286  
Registrar's No. 6212

Registration District No. 318

Primary Registration District No. 1004

1. PLACE OF DEATH:

(a) County Saint Louis  
(b) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1331 1/2 Franklin Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community Life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1531 1/2 (R.) Franklin  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) \_\_\_\_\_  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

John Foster

3. (b) If veteran, name war No

3. (c) Social Security No. 499-033597

4. Sex Male  
5. Color or race Co

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

6. (b) Name of husband or wife Pearl

6. (c) Age of husband or wife If alive \_\_\_\_\_ years

7. Birth date of deceased 4 (Month)

16 (Day) 1884 (Year)

8. AGE: Years 64 Months 2 Days 26  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)

10. Usual occupation Porter

11. Industry or business Moog Ind. Co.

12. Name 6600 Easton Avenue

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

14. Maiden name " "

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

16. (a) Informant Pearl J. Foster

(b) Address 1531 1/2 Franklin

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 17, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature J. F. Foster

(b) Address 310 Washington

19. (a) JUL 13 1948 (Date received local registrar) (b) J. F. Brewster (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 12  
year 48 hour 11 minute 15 PM

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion (Sclerosis)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

23. Signature P. J. Taylor (Specify type of place) (e) Means of injury \_\_\_\_\_

Address 1300 Park (City or town) (County) (State) Date signed JUL 13 1948

MOTHER, FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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 *H. Claude Yare*

Licensed Embalmer No. *4839*

P. O. Address *4675 Alder*

**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.**