

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1348

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>	
c. LENGTH OF STAY (In this place) <u>4 years</u>		d. STREET ADDRESS (If rural, give location) <u>418 N. 7th</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>214 N. 7th</u>			

3. NAME OF DECEASED (Type or Print) <u>Charles</u>	a. (First)	b. (Middle) <u>E</u>	c. (Last) <u>Foster</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 7, 1949</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb. 20, 1877</u>	9. AGE (In years last birthday) Months Days Hours Min. <u>72</u> <u>9</u> <u>17</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired clerk of</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>City Service</u>		11. BIRTHPLACE (State or foreign country) <u>Chillicothe, Missouri</u>
				12. CITIZEN OF WHAT COUNTRY <u>USA</u>

13a. FATHER'S NAME <u>William T. Foster</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Anne Foster</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes</u> <u>Span. Amer.</u>	16. SOCIAL SECURITY NO. <u>unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Anne Foster, 418 N. 7th, St. Joseph, Mo.</u>	ADDRESS <u>St. Joseph, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>momently</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		1 month
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Arterial Sclerosis</u>		
DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>1/20/</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 11-12-49, 1919, to 12-7-49, 1919, that I last saw the deceased alive on 11-14-49, 1919, and that death occurred at 2:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. Senne</u>	(Degree or title)	23b. ADDRESS <u>207 OHS Bldg St Joseph Mo</u>	23c. DATE SIGNED <u>12-9-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>12/10/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Nora</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>
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DATE REC'D BY LOCAL REG <u>Dec 12, 1949</u>	REGISTRAR'S SIGNATURE <u>E. C. Jenkins</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Beuma</u>	ADDRESS <u>St. Joseph, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 6 1950

FEB 10 1950

*L. M. O'Brien*

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Eugene Wood*.....

Licensed Embalmer No. *3804*

P. O. Address *319 5010th St. Jop*

**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.