

FILED FEB 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2488

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. _____		Registrar's No. 964					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____									
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN St. Louis)			c. LENGTH OF STAY (in this place) _____			c. CITY (If outside corporate limits, write RURAL and give township) 2131 OR TOWN St. Louis			d. STREET ADDRESS (If rural, give location) 13 5800 Arsenal				
d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmery, 5800 Arsenal				3. NAME OF DECEASED a. (First) Alice b. (Middle) _____ c. (Last) Foster						4. DATE OF DEATH (Month) (Day) (Year) January 26, 1950			
5. SEX Female		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH 12-25-1876		9. AGE (In years last birthday) 73		IF UNDER 1 YEAR Months 1 Days 0		IF UNDER 1 HR. Hours 0 Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Vicksburg, Miss.			12. CITIZEN OF WHAT COUNTRY? _____				
13a. FATHER'S NAME William Madison				13b. MOTHER'S MAIDEN NAME Sarah ?		14. NAME OF HUSBAND OR WIFE Walter Foster							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Eldred Wadlington, So. Kinloch ADDRESS _____							
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Urinary Tract Disease ✓ DUE TO (c) Generalized Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension - Urinary tract infection of long						INTERVAL BETWEEN ONSET AND DEATH 9 hours			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION NO CANCER EVIDENT standing due to multiple bacterial invasion - (supplementary report)						20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
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) H500									
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? _____									
22. I hereby certify that I attended the deceased from Aug. 17, 1948 , to Jan. 26, 1950 , that I last saw the deceased alive on Jan. 26, 1950 , and that death occurred at 8:50 p.m. , from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) Palmer Marie Bowditch M.D.				23b. ADDRESS 5800 Arsenal St., St. Louis.				23c. DATE SIGNED _____					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 31, 1950		24c. NAME OF CEMETERY OR CREMATORY Washington Park, Ceme.		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.							
DATE REC'D BY LOCAL REG. JAN 30 1950		REGISTRAR'S SIGNATURE J. B. Lacater				25. FUNERAL DIRECTOR'S SIGNATURE Peoples Und. Co., 3100 Franklin Av. ADDRESS _____							

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Student Embalmer No.....
John H. Petter

Licensed Embalmer No. *4184*

P. O. Address *St. Louis, Mo*

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.