

FILED NOV 17 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

38489

318

1003

State File No.

9082

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
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 township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 2 nd OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) 2219		d. STREET ADDRESS (If rural, give location) 1130 N. Jefferson Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital				d. STREET ADDRESS (If rural, give location) 1130 N. Jefferson Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) May		b. (Middle) Helen		c. (Last) Foster		4. DATE OF DEATH (Month) (Day) (Year) 10 24 1950	
5. SEX 3 Female		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 6-11-1911	
9. AGE (In years last birthday) 39		IF UNDER 1 YEAR Months Days		IF UNDER 18 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work doing during most of working life, even if retired) Laundry Worker		10b. KIND OF BUSINESS OR INDUSTRY Hotel Laundry		11. BIRTHPLACE (State or foreign country) Marianna, Arkansas		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Wright		13b. MOTHER'S MAIDEN NAME Camillia House		14. NAME OF HUSBAND OR WIFE James 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. 487-32-6576		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Camillia House 823 N. 18th St.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteries, suffered when stabbed with knife in the hands of one John Henry Case (Col.) in home 1130-a N. Jefferson Ave., about 2:30A.M., Oct. 24, 1950. HOMICIDE DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis			
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? See above to 182X			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:30 a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Walter Henry Depert 5				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 10/25/50	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 10-30-1950		24c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Missouri	
DATE REC'D BY LOCAL REG. OCT 26 1950		REGISTRAR'S SIGNATURE J. B. Farster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ellis Funeral Home, Inc. 2820 Stoddard St.			

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

Alter

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.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Fulton E. Culkin*

Licensed Embalmer No. *4198*

P. O. Address *Shawin 13 22*

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.