

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

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 10935

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 10935	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2029			
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute City Hospital				3. STREET ADDRESS (If rural, give location) 5124a Goethe Ave. 0			

3. NAME OF DECEASED (Type or Print) IDA FOSTER			4. DATE OF DEATH (Month) (Day) (Year) Dec. 21 1950		
a. (First)	b. (Middle)	c. (Last)			

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2	8. DATE OF BIRTH Sep't. 12, 1879	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months _____	IF UNDER 4 HRS. Hours _____	Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Mascoutah, Ill. /		12. CITIZEN OF WHAT COUNTRY? _____	
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13a. FATHER'S NAME August Schinke		13b. MOTHER'S MAIDEN NAME Eva Bold		14. NAME OF HUSBAND OR WIFE Unknown Foster			
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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) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anna E. Block 5124a Goethe Ave.			
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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	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____					
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Carotid Occlusion</i>					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" 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? <i>4201</i>		
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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 *1055P* m., from the causes and on the date stated above.

23a. SIGNATURE <i>Patrick E. Taylor</i> (Degree or title) _____		23b. ADDRESS <i>1300 Clark</i>		23c. DATE SIGNED <i>12-22-50</i>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Cremation</i>		24b. DATE <i>Dec. 22, 1950</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Missouri Crematory</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>	
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DATE REC'D BY LOCAL REG. <i>DEC 22 1950</i>		REGISTRAR'S SIGNATURE <i>J. B. Lasater</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Kriegshauser 4228 S. Kingshighway Bl.</i>			
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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 _____

No Embalmer

working under my personal supervision.

Student Embalmer No.

Signed.....

Richard H. Stovesand

Signed.....

Student Embalmer

Licensed Embalmer No. *4007*

P. O. Address.....

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.