

FILED OCT 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31468

State File No.

318

1003

8625

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN <i>ST. LOUIS</i>)		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <i>ST. LOUIS</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Homes G. Phillips</i>		e. STREET ADDRESS <i>2619 1/2 Cass</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Frank</i>		b. (Middle) <i>Foster</i>		c. (Last) <i>Foster</i>	
4. DATE OF DEATH (Month) (Day) (Year) <i>Sept 27 1951</i>		5. SEX <i>Male</i>		6. COLOR OR RACE <i>Col</i>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <i>Married</i>		8. DATE OF BIRTH <i>Mar 9, 1889</i>		9. AGE (If over 1 year last birthday) <i>62</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Pub</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Miss</i>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <i>Foster</i>		13b. MOTHER'S MAIDEN NAME <i>Mary Renard</i>	
14. NAME OF HUSBAND OR WIFE <i>Jannett Foster</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If in active war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <i>Jannett Foster</i>		ADDRESS <i>2619 1/2 Cass</i>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
DUE TO (b) <i>Acute Exsanguination</i>		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (c) <i>Septic - Bleeding</i>		II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death. <i>Peptic Ulcer (duodenal)</i>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>5H.O.I.</i>	
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 <i>1300</i> m., from the causes and on the date stated above.					
23a. SIGNATURE <i>Frank M. Smith</i>		23b. ADDRESS <i>1300 Clark</i>		23c. DATE SIGNED <i>9/29/51</i>	
24a. BURIAL CREMATION REMOVAL (Specify)		24b. DATE <i>Oct 3/51</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Washington Park Cem. St. Louis</i>	
24d. LOCATION (City, town, or county) (State) <i>Mo</i>		DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i>	
FURNERAL DIRECTOR'S SIGNATURE <i>F.C. Allen</i>		ADDRESS <i>4214 Delmar</i>			

SEP 29 1951

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

Signature J. G. Green.....

Licensed Embalmer No. 2963.....

P. O. Address 4214 Delmar.....

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.