

FILED OCT 10 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **31469**

Registrar's No. **8474**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8474	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY JEFFERSON			
b. CITY OR TOWN ST LOUIS		c. LENGTH OF STAY (In this place) 1 WEEK		c. CITY (If outside corporate limits, write RURAL and give township) HIGH RIDGE MO 0500		d. STREET ADDRESS (If rural, give location) RIDGE DRIVE	
d. FULL NAME OF HOSPITAL OR INSTITUTION JEWISH HOSPITAL				4. DATE OF DEATH (Month) (Day) (Year) 9-22-51			
3. NAME OF DECEASED (Type or Print) a. (First) PERCY		b. (Middle) JR		c. (Last) FOSTER		5. SEX F	
6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE D		8. DATE OF BIRTH OCT. 5-1938		9. AGE (In years last birthday) 12 If under 1 year: Months _____ Days _____ If under 6 mos: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STUDENT		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) SPRINGFIELD - OHIO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME FRED F. FOSTER		13b. MOTHER'S MAIDEN NAME DOROTHY E. ARTHUR		14. NAME OF HUSBAND OR WIFE _____			
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 Jud. F. Foster Jr. House Spring Mo			
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) Acute monocytic Leukemia INTERVAL BETWEEN ONSET AND DEATH 18 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? 20H2			
22. I hereby certify that I attended the deceased from 9/13 1951 to 9/22 1951 , that I last saw the deceased alive on 9/22 1951 and that death occurred at 8:45 m., from the causes and on the date stated above.							
23a. SIGNATURE Memo Olet		(Degree or title) M.D.		23b. ADDRESS 601 Humboldt Bldg		23c. DATE SIGNED 9/24/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 9-25-51		24c. NAME OF CEMETERY OR CREMATORY ST MARTINS CEM		24d. LOCATION (City, town, or county) (State) HIGH RIDGE MO	
DATE REC'D BY LOCAL REG. SEP 24 1951		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE Wm. W. Bremer ADDRESS Home Spring Mo			

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

Student Embalmer No.....
Signed *Robert J. Moran*
Licensed Embalmer No. *4366*
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.