

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **1624**

FILED MAR 5 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute St. John's Hospital		d. STREET ADDRESS (If rural, give location) 4646 Delmar	
3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Franklin c. (Last) Foster		4. DATE OF DEATH (Month) (Day) (Year) Feb. 19, 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Oct. 22, 1915
9. AGE (In years, last birthday) 36		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lathe Operator	11. BIRTHPLACE (State or foreign country) Leasburg, Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lathe Operator		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Joseph Foster		13b. MOTHER'S MAIDEN NAME Mary Jane Ditty	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) Yes WW II		16. SOCIAL SECURITY NO. 382-07-4398	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mary Foster, Cuba, 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* Internal hemorrhage following ruptured of liver, suffered when deceased was struck with file that struck jaw of chest in ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (a) Chuck DUE TO (c) Cable while working at Emerson Electric Co 8100 St.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Fluoroscope Ave St Louis County about 800 am Feb 19 1952	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT (Specify) Accident SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Factory	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb 19 52 8p	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? E 9123 - 5	
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 1119 m., from the causes and on the date stated above.			
23a. SIGNATURE (Signature or title) Patrick C. Taylor Car		23b. ADDRESS 1300 Clark	23c. DATE SIGNED 2-20-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2-19-52	24c. NAME OF CEMETERY OR CREMATORY Kinder	24d. LOCATION (City, town, or county) (State) Cuba, Mo.
DATE REC'D BY LOCAL REG. FEB 20 1952	REGISTRAR'S SIGNATURE Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.	

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.....

Robert M. Murray

Signed.....
Student Embalmer

Licensed Embalmer No. *3749*

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.