

FILED JUL 5 1952 STANDARD CERTIFICATE OF DEATH

State File No. 23104

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 200 Registrar's No. 1694

1. PLACE OF DEATH
a. COUNTY ST. Louis MO.
b. CITY (If outside corporate limits, write RURAL and give township) ~~St. Louis~~ NORMANDY
c. LENGTH OF STAY (In this place) 2 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mother of good Council.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE ~~Missouri~~ MO. b. COUNTY ~~St. Louis~~ St. Louis
c. CITY (If outside corporate limits, write RURAL and give township) ~~St. Louis~~ NORMANDY
d. STREET ADDRESS (If rural, give location) 6825 Natural Bridge 4/61

3. NAME OF DECEASED a. (First) Bertha b. (Middle) C c. (Last) Foster 4. DATE OF DEATH (Month) (Day) (Year) 6 20 52

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 8. DATE OF BIRTH Dec 29 1878 9. AGE (In years last birthday) 73 IF UNDER 1 YEAR Months 5 Days 21 IF UNDER 1 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY at home 11. BIRTHPLACE (State or foreign country) St. Louis MO. 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Peter Herzog 13b. MOTHER'S MAIDEN NAME Margaret Klein 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service) 18. SOCIAL SECURITY NO. 489-03-1816 17. INFORMANT'S SIGNATURE OR NAME Miss Ottilie Herzog ADDRESS Fairgrounds Hotel

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Terminal Broncho Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Parkinson Disease 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 4 days 5 yrs

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 350X 20. AUTOPSY? YES NO

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) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/18, 1947, to 6/20, 1952, that I last saw the deceased alive on 6/19, 1952, and that death occurred at 3 P.M. from the causes and on the date stated above:

23a. SIGNATURE C. K. Schneider M.D. (Degree or title) 23b. ADDRESS 5084 Grand Ave. 23c. DATE SIGNED 6-21-52

24a. BURIAL DATE June 23 1952 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cem. St. Louis MO 24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 6-21-52 REGISTRAR'S SIGNATURE Herbert R. Dombke MD 25. FUNERAL DIRECTOR'S SIGNATURE PROOF Mortuary 37109 Grand

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

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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 _____

working under my personal supervision.

Student Embalmer No.

Signed: _____

Stanley H. Dixon

Signed.....
Student Embalmer

Licensed Embalmer No. 4193

P. O. Address St. Louis

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.