

29962

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

7328

Registrar's No. ....

FILED AUG 20 1953

318

PRIMARY REG. DIST. NO. 1003

BIRTH NO. ....

REG. DIST. NO. ....

PRIMARY REG. DIST. NO. ....

Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <i>St. Louis, Mo.</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> , b. COUNTY <i>Reynolds</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>rural- Lesterville Twnship</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Anthony's 3520 Chippewa</i>		d. STREET ADDRESS (If rural, give location) <i>3 miles east of Lesterville</i>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) <i>Jennie</i>	b. (Middle) <i>Lou</i>	c. (Last) <i>Foster</i>	(Month) (Day) (Year) <i>7 27 53</i>
5. SEX <i>female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Nov. 14, 1947</i>
9. AGE (In years last birthday) <i>5</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) <i>Lesterville, Missouri</i>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <i>0</i>
13a. FATHER'S NAME <i>George Foster</i>		13b. MOTHER'S MAIDEN NAME <i>Freda Jordan</i>	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)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mr. George Foster Lesterville, Missouri</i>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Edema - Inflammation</i> INTERVAL BETWEEN ONSET AND DEATH  ANTECEDENT CAUSES <i>L. Mastoiditis</i> DUE TO (b) _____ DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  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 <i>Cerebral Edema - Hydrocephalus</i>	
20. AUTOPSY? YES <input 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <i>334X</i>			
22. I hereby certify that I attended the deceased from <i>7/27, 1953</i> to <i>7/27, 1953</i> , that I last saw the deceased alive on <i>7/27, 1953</i> and that death occurred at <i>5:30 p. m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>Frank A. Palazzoni</i> (Degree or title)		23b. ADDRESS <i>4161 Lindell Blvd.</i>	
23c. DATE SIGNED <i>7-28-53</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>7-28-53</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Masonic Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Lesterville, Missouri</i>	
DATE REC'D BY LOCAL REG. <i>JUL 28 1953</i>		REGISTRAR'S SIGNATURE <i>J. Carl Smith MD</i>	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>White Funeral Home, Ironton, Mo.</i>			

(Licensed Embalmer's Statement on Reverse Side)

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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

*John J. Haenic*  
.....  
Licensed Embalmer No. *4108*

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.