

25524

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 11 1954

BIRTH NO. _____ REG. DIST. NO. 717 PRIMARY REG. DIST. NO. 541 Registrar's No. 1843

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLAYTON</u>		c. CITY OR TOWN <u>Webster Ave</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (If in place) <u>24 hr</u>		e. STREET ADDRESS (If rural, give location) <u>709 Biomatik St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST Louis Ca. Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jennie</u> b. (Middle) <u>Foster</u> c. (Last) <u>Foster</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7-26-1954</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>Col</u>	7. MARRIED, NEVER MARRIED, 9 WIDOWED, DIVORCED (Specify) <u>WIDOW</u>	8. DATE OF BIRTH <u>2-16-1867</u>
9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months <u>5</u>	IF UNDER 1 YEAR Days <u>3</u>	IF UNDER 1 HR. Hours <u>5</u> Min. <u>3</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>So. Carolina</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Milton Boyd</u>	13b. MOTHER'S MAIDEN NAME <u>Sara Boles</u>	14. NAME OF HUSBAND OR WIFE <u>William Foster</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Burdette Reese</u> ADDRESS <u>709 Biomatik</u>	
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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral epilepsy</u> ANTECEDENT CAUSES <u>arterio sclerosis</u> 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.			INTERVAL BETWEEN ONSET AND 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) <u>331X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>7-25, 1954</u> , to <u>7-26, 1954</u> , that I last saw the deceased alive on <u>7-26, 1954</u> , and that death occurred at <u>6:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J. H. W. Warden</u>		23b. ADDRESS <u>601 S. Brentwood Clayton</u>	23c. DATE SIGNED <u>7-26-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>buried</u>	24b. DATE <u>7/27/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Father Decker</u>	24d. LOCATION (City, town, or county) (State) <u>St Louis Co Mo</u>
DATE RECD BY LOCAL REG. <u>7/28/54</u>	REGISTRAR'S SIGNATURE <u>Richard S. Somber</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Levin</u> ADDRESS <u>22 Euclid Wash Ave</u>	

(Licensed Embalmer's Placement on Reverse Side)

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

No. 300
10-48

✓ 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.....
Signature of Student Embalmer

Signed *James A. Carter*
Licensed Embalmer No. *H 6*
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.