

FILED OCT 26 1954

STANDARD CERTIFICATE OF DEATH

35361
State File No. _____
Registrar's No. **9500**

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

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, write RURAL and give town) **St. Louis**
 c. LENGTH OF STAY (in this place) **1 year**
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **2003 College Avenue**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE **Missouri** b. COUNTY _____
 c. CITY OR TOWN **St. Louis**
 d. Is Residence within limits of a city or incorporated town? Yes No
 e. STREET ADDRESS (If rural, give location) **2003 College Avenue** **20990**

3. NAME OF DECEASED
 a. (First) **Ida** b. (Middle) _____ c. (Last) **Foster**
 (Type or Print)

4. DATE OF DEATH (Month) (Day) (Year) **October 19 1954**
5. SEX **Female** **6. COLOR OR RACE** **White**
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**
8. DATE OF BIRTH **March 24 1886** **9. AGE** (In years last birthday) **68**
 If UNDER 1 YEAR: Months _____ Days _____
 If UNDER 4 HRS.: 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 (City and State or Foreign Country) **St. Louis, Missouri**
12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **John B. Westermayer** **13b. MOTHER'S MAIDEN NAME** **Minnie Ludwig** **14. NAME OF HUSBAND OR WIFE** **Benjamin Foster**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. **Unknown** **17. INFORMANT'S SIGNATURE OR NAME** **Mr. Benjamin Foster** **ADDRESS** **2003 College Ave**

18. CAUSE OF DEATH
 Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Ca of Colon & Metastases** **INTERVAL BETWEEN ONSET AND DEATH** **3 mos.**
 *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
 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 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?** **153x**

22. I hereby certify that I attended the deceased from **7-28**, 19**54**, to **10-19**, 19**54**, that I last saw the deceased alive on **10-15**, 19**54**, and that death occurred at **6:30 Am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **John J. Kennedy M.D.** **23b. ADDRESS** **8733 Rockview** **23c. DATE SIGNED** **10-19-54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** **24b. DATE** **Oct. 22, 1954** **24c. NAME OF CEMETERY OR CREMATORY** **Valhalla Crematory** **24d. LOCATION** (City, town, or county) (State) **St. Louis County, Missouri**

DATE REC'D BY LOCAL REG. **OCT 20 1954** **REGISTRAR'S SIGNATURE** **Carl Smith M.D.** **25. FUNERAL DIRECTOR'S SIGNATURE** **Math Hermann & Son, Inc.** **ADDRESS** **2161 E. Fair Ave**

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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.....
Signature of Student Embalmer

Signed..... *W. Ford O'Brien*

Licensed Embalmer No. *42*

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.