

FILED JAN 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43801

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **12000**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION en route to home		STREET ADDRESS (If rural, give location) 12 5047 Cabanne		2129 0	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Clair</i> b. (Middle) <i>alain</i> c. (Last) <i>Johnny Davis Foster</i>		4. DATE OF DEATH (Month) (Day) (Year) 12 28 - 54			
5. SEX Male	6. COLOR OR RACE 2 Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Unknown	8. DATE OF BIRTH Feb-6-1912	9. AGE (In years last birthday) 42	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		10b. KIND OF BUSINESS OR INDUSTRY Labor		11. BIRTHPLACE (City and State or Foreign Country) Unknown	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Mariah Hill	
14. NAME OF HUSBAND OR WIFE Unknown		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NUMBER 955-30-4446 499-36-4400	
17. INFORMANT'S SIGNATURE OR NAME Beatrice Billaw		ADDRESS 3925 Page			
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) INTERNAL CERTIFICATION Antecedent Causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death or related to the disease or condition			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		19c. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCESSION NUMBER Justifiable homicide		20b. PLACE OF INJURY (Home, farm, factory, street, dance bldg., etc.) Home		20c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo 984X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 28 54 4:00		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4:45 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE Patrick E. Taylor Carauer		(Degree or title)		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 1-3-55		24a. BURIAL, CREMATION, OR REMOVAL (Specify) Removal		24b. DATE 1-3-55	
24c. NAME OF CEMETERY OR CREMATORY Ship		24d. LOCATION (City, town, or county) (State) Shreveport La			
DATE REC'D BY LOCAL REG. JAN 3 1955		REGISTRAR'S SIGNATURE Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE A. H. Burk	
		ADDRESS 3506 Franklin Ave			

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 *John J. Yandell*

Licensed Embalmer No. *42*

P. O. Address *Wabasha*

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.