

FILED SEP 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30000

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 5592 Registrar's No. 69

D-5022
-4

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give RURAL and give township) <u>Forest</u>	c. LENGTH OF STAY (in this place) <u>1 mon - 21 days</u>	c. CITY OR TOWN <u>Vinita Park</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mountain View Conv. Home</u>		e. STREET ADDRESS (If rural, give location) <u>2025-North & South Road</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ethel</u> b. (Middle) _____ c. (Last) <u>Foster</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 4, 1955</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar. 11, 1909</u>
9. AGE (In years last birthday) <u>46</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cosmetician</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Beauty Shoppe</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>Howard M. Foster</u>	13b. MOTHER'S MAIDEN NAME <u>Delma Maltais</u>	14. NAME OF HUSBAND OR WIFE <u>XOXOXOXOXOXOX</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>Howard Foster</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, atherosclerosis, etc. It means the disease, injury, or complication which caused death.		19. ADDRESS <u>2025-North-South Rd.</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, atherosclerosis, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Breast</u>		INTERVAL BETWEEN ONSET AND DEATH <u>about 1 year</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>170X</u>		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 <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)

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?
---	--	----------------------------

22. I hereby certify that I attended the deceased from July 15, 1955 to August 3, 1955, that I last saw the deceased alive on Sept 3, 1955, and that death occurred at 5:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. D. ...</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Crystal City, Mo.</u>	23c. DATE SIGNED <u>9-6-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	24b. DATE <u>9-7-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Crematory</u>	24d. LOCATION (City, town, or county) (State) <u>Wellston, Mo.</u>

DATE REC'D BY LOCAL REG. <u>9-6-55</u>	REGISTRAR'S SIGNATURE <u>James A. ...</u>	502	25. GENERAL DIRECTOR'S SIGNATURE <u>...</u>	ADDRESS <u>2504-Woodson Rd-Overland-14-Mo.</u>
---	--	-----	--	---

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

SEP 14 1955

SEP 22 1955

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 *Cesar F. Mueller*

Licensed Embalmer No. 303

P. O. Address *Overland*

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.