

FILED NOV 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40161

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2240

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Koch, Mo</u>		c. CITY <u>St. Louis</u> TOWN	
c. LENGTH OF STAY (In this place) <u>304 d.</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>Robert Koch Hosp, Koch, Mo</u>		STREET ADDRESS (If rural, give location) <u>4541 EVANS</u>	
3. NAME OF DECEASED (First) <u>Joseph</u> (Middle) <u>Daniel</u> (Last) <u>Foster, Jr.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 19, 1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>1-25-03</u>
9. AGE (In years last birthday) <u>53</u>		UNDER: YEAR _____ MONTHS _____ DAYS _____ OF UNDER 18: HOURS _____ MIN. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nil</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Unk.</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Louisiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Joseph Foster</u>		13b. MOTHER'S MAIDEN NAME <u>Clara Walker</u>	
14. NAME OF HUSBAND OR WIFE <u>Majorie Pritchett</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>Unk.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Robert Koch Hosp, Koch, Mo</u> ADDRESS	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary emphysema</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary tuberculosis</u> 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 <u>2 10 yrs</u> <u>? 10 yrs</u>			
19a. DATE OF OPERATION <u>1-11-55</u>		19b. MAJOR FINDINGS OF OPERATION <u>Rt lower lobectomy - tuberculosis 002</u>	
20. AUTOPSY? X 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) (Min.)		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>Sept 21, 1954</u> to <u>Sept. 19, 1956</u> , that I last saw the deceased alive on <u>Sept 19, 1956</u> , and that death occurred at <u>9:40A m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Axel R. Johnson, M.D.</u>		23b. ADDRESS <u>Robert Koch Hosp, Koch, Mo</u>	
23c. DATE SIGNED <u>9-19-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 22, 1956</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-21-56</u>		REGISTRAR'S SIGNATURE <u>Heber R. Lambert</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>H. Randle & Son</u>		ADDRESS <u>3133 Bell Ave.</u>	

(Licensed Embalmer - Signature on Reverse Side)

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

MAR 28 1958

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 *Esther K. Harris*.....

Licensed Embalmer No. *445*

P. O. Address *4181 Wash*.....

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.