

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016788

STATE FILE NUMBER

FILED MAY 12 1958

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 1142

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1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights 17		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Richmond Heights 17 4505 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1352 McCutcheon		Length of stay in lb 6 Yrs.	d. STREET ADDRESS (If outside, give location) 1352 McCutcheon Ave. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) MR. FRANK COATES FOSTER First Middle Last			4. DATE OF DEATH April 24, 1958 Month Day Year
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 20, 1893
9. AGE (In years last birthday) 65		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Yardmaster	11. BIRTHPLACE (City and state or country) 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Yardmaster		10b. KIND OF BUSINESS OR INDUSTRY Terminal Railroad St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME William Foster		13b. MOTHER'S MAIDEN NAME (adopted by) Kathryn Foster/grandfather)	14. NAME OF HUSBAND OR WIFE Blanche R. Foster
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. unk.	17. INFORMANT Address Mrs. John E. Renner 248 Worthing Dr.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hepatic failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) chronic passive congestion DUE TO (c) chronic cirrhosis of the liver 5810 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH ?
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 6-20-57 to 3-31-58 and last saw her/him alive on 3-31-58 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Herman C. Ross (Degree or title) M.D.		22b. ADDRESS 1695 Brentwood Blvd.	
22c. DATE SIGNED 4-24-58		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE April 26, 1958		23c. NAME OF CEMETERY OR CREMATORY Lake Charles Cem.	
23d. LOCATION (City, town, or county) St. Louis County, Mo.		(State)	
24. FUNERAL DIRECTOR Alexander & Sons, Inc. 6175 Delmar		25. DATE RECD. BY LOCAL REG. 4-26-58	
26. REGISTRAR'S SIGNATURE Herbert R. Danke M.D.			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be inserted. All diseases in Part I must be causally related.

Dr. Herman C. Ross
1695 Brentwood Blvd.
Wo. 2-8770

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 *Jos. E. McCulloch*

Licensed Embalmer No. *2460*
P. O. Address *6175 Dilm*

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.