

FILED VS NOV 12 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 9910** STATE FILE NUMBER

AMENDED

1. PLACE OF DEATH a. COUNTY ST LOUIS MO				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY _____			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Length of stay in lb 27 yrs		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer Phillips			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS 5243 Raymond Ave.			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First LEON Middle _____ Last FOSTER				4. DATE OF DEATH Month 10 Day 27 Year 58			
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3/ 2/ 32	9. AGE (last birthday) 27 yrs	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY Welder		11. BIRTHPLACE (City and state or country) ST LOUIS MO		12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME ALBERT FOSTER			13b. MOTHER'S MAIDEN NAME LA TAMER HARRIS			14. NAME OF HUSBAND OR WIFE LOUISIE FOSTER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes			16. SOCIAL SECURITY NO. 490 2626		17. INFORMANT LOUISIE FOSTER. 5243 RAYMOND AVE		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot wound of abdomen.							INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) 981X				
			DUE TO (c)				
PART II. OTHER SIGNIFICANT CONDITIONS (Enter only one disease condition given in PART I (a)) shattered spleen shot with gun					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury, date, time or place of occurrence) Shot by one Perry Spragens, (col) in vicinity of 981X and 5243 Raymond Ave. St. Louis, Mo. Oct 26, 1959.			
20c. TIME OF INJURY Hour 9:57 p.m. Month, Day, Year 10 26 59		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.) Street		20f. CITY, TOWN, OR LOCATION St Louis MO	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 1245A on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) John M. ...				22b. ADDRESS 1300 Clark		22c. DATE SIGNED 10/29/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 11/2/59	23c. NAME OF CEMETERY OR CREMATORY NATIONAL JEFF. BARRACKS		23d. LOCATION (City, town, or county) (State) St. Louis County, Mo		
24. FUNERAL DIRECTOR PORTER FUNERAL HOME 3028 Dickson ST			25. DATE RECD. BY LOCAL REG. OCT 29 1959		26. REGISTRAR'S SIGNATURE Loan Smith, M.D.		

BY AFFIDAVIT OF Funeral Director MEDICAL CERTIFICATION

3443 RAYMOND AVE. 2001 MILLICENT

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

H. Claude Gordon

Licensed Embalmer No.

3489

P. O. Address

1123 N. 7th St

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.