URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

60-016812

FILED VS MAY 13 1960

ENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4616 STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY X
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b: 43 hrs, 13''
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Booth Memorial Hospital — Inside Limits Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY X
c. CITY OR TOWN St. Louis — Inside Limits Yes X No ☐
d. STREET ADDRESS 5893 Page (If outside, give location) — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First JAMES Middle KENNETH Last FOSTER

4. DATE OF DEATH: Month 4 Day 29 Year 60

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married X Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 4-27-60

9. AGE (last birthday) — IF UNDER 1 YEAR: Months ___ Days 1 — IF UNDER 24 HR: Hours 19 Min. 13

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY: America, U.S.

13a. FATHER'S NAME: ~~Not known~~

13b. MOTHER'S MAIDEN NAME: Joan Mary Hughes

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Joan Foster — Address 5893 Page St. Louis 12, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) RESPIRATORY ARREST
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) ATELECTASIS
DUE TO (c) PREMATURITY 762.5
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 4-27-60, to 4-28-60 and last saw ~~her~~ him alive on 4-28-60
Death occurred at 3:32 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [illegible] (Degree or title) MD

22b. ADDRESS 457 N. Kingshighway

22c. DATE SIGNED 4-29-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: May 3, 1960

23c. NAME OF CEMETERY OR CREMATORY: Memorial Park

23d. LOCATION (City, town, or county) (State): St. Louis County Mo.

24. FUNERAL DIRECTOR ADDRESS: Buchholz Mortuary 5967 W. Florissant

25. DATE RECD. BY LOCAL REG.: MAY 2 1960

26. REGISTRAR'S SIGNATURE: Roark Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Not Embalmed

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 4551

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.