

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8510

1. PLACE OF DEATH a. COUNTY		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 TOWNSHIP only) OR TOWN <u>St. Louis</u>		Length of stay in lb <u>63 years</u>	c. CITY OR TOWN <u>St. Louis 29</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lutheran Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>7076 Christopher Drive</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>William M. Foster</u>			4. DATE OF DEATH Month <u>SEPT</u> Day <u>10</u> Year <u>1961</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1/13/1875</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retail salesman -retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Tobacco Store</u>	9. AGE (last birthday) <u>86</u>
11. BIRTHPLACE (City and state or country) <u>Logansport, Indiana</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Martin Foster</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy --</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Ann Foster (Gilmore)</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT Address <u>7076 Christopher</u> <u>Mrs. Florence M. Klinge St. Louis 29, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CEREBRAL THROMBOSIS, MULTIPLE SMALL</u> DUE TO (b) <u>CEREBRAL ARTERIOSCLEROSIS</u> DUE TO (c) <u>332X</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 + 1/2 MON</u> <u>10 + YRS.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>BRONCHOPNEUMONIA + FIBRINOUS PERICARDITIS</u>			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 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 <u>6:30</u> Month, Day, Year <u>AUG. 23</u> 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 <u>AUG. 23</u> to <u>SEPT 4, 1961</u> and last saw her alive on <u>SEPT 4, 1961</u> Death occurred at <u>6:30</u> p. m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>W. William Burmeister M.D.</u> (Degree or title)		22b. ADDRESS <u>6349 Grand.</u>	22c. DATE SIGNED <u>9/12/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>9/13/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Laurel Hill</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>
24. FUNERAL DIRECTOR <u>Hoffmeister Colonial St. Louis 9, Missouri</u> ADDRESS <u>6464 Chippewa St.</u>		25. DATE RECD. BY LOCAL REG. <u>SEP 13 1961</u>	26. REGISTRAR'S SIGNATURE <u>Earl Smith, M.D.</u>

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

**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 *Bill C. Bruner*

Licensed Embalmer No. 4764

P. O. Address St Louis Mo

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.