1928

# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

Do not use this space.

34572

File No. .....

Registered No. 280

1. PLACE OF DEATH

County St Louis — Registration District No. 789

Township Central — Primary Registration District No. 60388

City ~~Overland~~ Mo. (No. 236 Marion Ave. St. ..... Ward)

2. FULL NAME Fred Foster

(a) Residence. No. 236 Marion Ave. St., ..... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 7 - 1895

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 31 | 11 | 27 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Garment Cutter

(b) General nature of industry, business, or establishment in which employed (or employer): Rice Stix D. Co.

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER: Thomas Foster

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) England

12. MAIDEN NAME OF MOTHER: Leona Lindelman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Missouri

14. INFORMANT Mr. Charles Foster
(Address) 236 Marion Ave.

15. FILED 11/6 1927 Rolla Bracy M.D. REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 4 1927

17. I HEREBY CERTIFY, That I attended deceased from 11-1- 1927, to 11-4- 1927, that I last saw him alive on 11-1- 1927, and that death occurred, on the date stated above, at 7 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial Pneumonia

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (SECONDARY) Flu

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? No DATE OF ✓

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Olen O'Bar, M. D

11-5-1927 (Address) 3500 N Grand

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Valhalla Cem.

DATE OF BURIAL: 11-7 1927

20. UNDERTAKER: Geo. L. Pleitsch

ADDRESS: 5966 Easton Ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

...ERMANENT RECORD

3500 N Grand

10 to 12 - 2 to 4