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

Do not use this space.

22710

1. PLACE OF DEATH

County St Louis — Registration District No. 791 — File No.

Township — Primary Registration District No. 1003 — Registered No. 6115

City St Louis (No. St. Johns Hospital St. ... Ward)

2. FULL NAME Roy H Foster

(a) Residence. No. 1744 N Garfield St., 6 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	Wh	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna E Foster

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 24 - 1901

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	27	7	9	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Cashier
(b) General nature of industry, business, or establishment in which employed (or employer) Foster-Lusk
(c) Name of employer Grain Co.

9. BIRTHPLACE (CITY OR TOWN) Macon Ill (STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Benjamin H Foster
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ill (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Maud Moore
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ill (STATE OR COUNTRY)

14. INFORMANT Anna E Foster (Address) 1744 N Garfield

15. FILED ..., 19... [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 3d 1929

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1929, to June 3, 1929, that I last saw h. alive on June 3, 1929, and that death occurred, on the date stated above, at 8 45 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Endocarditis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) ... (duration) ... yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH St Louis mo

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical findings

(Signed) [illegible] M. D.

, 19 (Address) 817 Mo. Theatre Bldg.

*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 Calvary — DATE OF BURIAL June 6th 1929

20. UNDERTAKER [illegible] Stewart — ADDRESS 5525 Easton

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Dr. M. Intyre
817 Mo. Theatre Bldg.
4 to 5 30 Pm