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

Do not use this space.

32323

791
1003

File No. 9416
Registered No.

1. PLACE OF DEATH

County ..... Registration District No. .....

Township ..... Primary Registration District No. .....

City St. Louis (No. 720 N. Newstead St. ..... Ward)

2. FULL NAME Baby Foster

(a) Residence. No. 720 N. Newstead St., 19 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	Negro	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept/20, 1929

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

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

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

PARENTS

10. NAME OF FATHER James Foster

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Gladys Bradshaw

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

14. INFORMANT Gladys Bradshaw Gladys Bradshaw
(Address) 720 N. Newstead

15. FILED SEP 01 1929 [signature] REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-20- 1929

17. I HEREBY CERTIFY, That I attended deceased from at Birth, 19....., to ....., 19.....
that I last saw h ~~Stated Born~~ ....., 19....., and that death occurred, on the date stated above, at 8:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Asphyxia Neonatorum

160B

161D (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Prolapsed Cord

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH 1613

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) J. F. Winston, M. D.

, 19 (Address) 2746 Wash

*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	DATE OF BURIAL
Father Dickson	9-21-29 19
20. UNDERTAKER	ADDRESS
Gates Mineral Home	4107 Finney

N. B.—Every item of information should be carefully supplied. [illegible] CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.