

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

Do not use this space.

27406

1. PLACE OF DEATH

St. Louis

Registration District No. *782*

Township

Primary Registration District No. *003*

City *St. Louis*

(No. *Peoples Hosp*)

File No.

Registered No. *7206*

St.

Ward

2. FULL NAME

Alberta Foster

(a) Residence, No. *4019 Finny ave. #309 11* Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *10* yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>Colord.</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF, <i>F. Felicit Foster</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>March 4 - 1899</i>		
7. AGE YEARS <i>33</i>	MONTHS <i>4</i>	DAYS <i>29</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>General Home Work</i>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>at Home</i>		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) *Marianna*
(STATE OR COUNTRY) *Arkansas*

13. NAME *William Burns*

14. BIRTHPLACE (CITY OR TOWN) *Jackson*
(STATE OR COUNTRY) *Tenn.*

15. MAIDEN NAME *Eva Ledbetter*

16. BIRTHPLACE (CITY OR TOWN) *unknown*
(STATE OR COUNTRY) *GA*

17. INFORMANT *Felix Foster*
(ADDRESS) *2019 Finny #309*

18. BURIAL, CREMATION, OR REMOVAL
Marianna Ark. DATE Aug 5th 1932

19. UNDERTAKER *C. Y. Merritt*
(ADDRESS) *444 S. Genessee ave.*

20. FILED *AUG -4 1932*
Max E. Parker Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug 3 1932*

I HEREBY CERTIFY, That I attended deceased from *July 29*, 1932, to *Aug 3*, 1932. I last saw him alive on *Aug 3*, 1932. Death is said to have occurred on the date stated above, at *11:45 p.m.*

The principal cause of death and related causes of importance were as follows:
Suppurative appendicitis

Date of onset
12/10 12/1

Other contributory causes of importance:
(D)

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) *W. A. Young*, M. D.
(Address) *20110 Market*

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

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.

