

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

Do not use this space.

27554

1. PLACE OF DEATH

County..... Registration District No. 191
 Township..... Primary Registration District No. 2008
 City St. Louis (No. 2814a, Market St. _____ Ward)

File No. _____
 Registered No. 7369

2. FULL NAME John Foster, Jr.

(a) Residence, No. 2814a Market St., 22 Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 10 yrs. 10 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 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) 9-17-1921

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>10</u>	<u>10</u>	<u>22</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>School Boy</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. St. Louis /

FATHER 13. NAME John Foster

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Orleans La. 2

MOTHER 15. MAIDEN NAME Inez Miller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dresden Tenn.

17. INFORMANT (ADDRESS) Inez Foster 2814a Market St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery 8/12 1932

19. UNDERTAKER (ADDRESS) C. W. Roberts 2025 Louisiana

20. FILED AUG 11 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/9/32
 22. I HEREBY CERTIFY, That I attended deceased from 8/7/32 to 8/9/32
 I last saw him alive on 8/7/32, 1932. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

Cortic Respirator
920
920
505
920 (1)
 Other contributory causes of importance:
Probably rheumatic fever

Name of operation _____ Date of _____
 What test confirmed diagnosis: Physician Exam Was there an autopsy? _____

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) F. J. Bredius M. D.
 (Address) 2450 1/2 miles

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.

