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.

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

Do not use this space.

21389

JUL 12 1935

1. PLACE OF DEATH

County ..... Registration District No. 1003 ..... File No. 5328

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

City St. Louis (No. 5800, Arsenal City Infirmary St. ..... Ward)

2. FULL NAME Sadie Foster

(a) Residence, No. 5800 Arsenal St. D-4 Ward. 13 (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 3 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): unk.

7. AGE: Years: abt 73 | Months: — | Days: — | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Nil
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): Tennessee. 2

FATHER

13. NAME: Caesar Davis 2
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

MOTHER

15. MAIDEN NAME: Celia Dumas
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee 2

17. INFORMANT: E. Mooney
(ADDRESS) 5800 Arsenal

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenwood DATE June 22, 1935

19. UNDERTAKER: J. H. Harrison
(ADDRESS) 2906 Lawton

20. FILED JUN 20 1935, 19 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mch. 7, 1935, to June 19, 1935

I last saw her alive on June 19, 1935. Death is said to have occurred on the date stated above, at 8:40 A.M.

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

	Date of onset
Bronchopneumonia	6/10/35
Other contributory causes of importance:	
Senility	1934

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

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? No

If so, specify .....

(Signed) Marion T. Haw, M. D.

(Address) 5600 Arsenal St.