

AUG 9 1935

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

Do not use this space.

24965

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **Bethesda Hospital**) St. _____ Ward _____

File No. _____

Registered No. **6401**2. FULL NAME **Donald Edward Foster**

(a) Residence, No. **1010 South 8th st.** St. **22** Ward. _____
(Usual place of abode) _____ (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE whit	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22, 1935				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	0	1	26	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant			
	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) St. Louis (STATE OR COUNTRY) Missouri				
FATHER	13. NAME Charles Foster			
	14. BIRTHPLACE (CITY OR TOWN) Allenville (STATE OR COUNTRY) Missouri			
MOTHER	15. MAIDEN NAME Jessie Newell			
	16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Missouri			
17. INFORMANT Charles Foster (ADDRESS) 1010 South 8th				
18. BURIAL, CREMATION, OR REMOVAL PLACE Lakewood Park DATE July 29 19 35				
19. UNDERTAKER A. St. M. Laughlin (ADDRESS) 2301 Lafayette Ave.				
20. FILED 28 1935 19. J. S. Bredeck Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 28, 1935**

22. I HEREBY CERTIFY, That I attended deceased from **7-8-35**, 19____, to **7/28/35**, 19____
I last saw him alive on **7-27-35**, 19____. Death is said to have occurred on the date stated above, at **12:10 AM**
The principal cause of death and related causes of importance were as follows:
acute Enteritis (non-specific)
Date of onset **7/28**

Other contributory causes of importance:
(New born - no breast milk)

Name of operation _____ Date of _____
What test confirmed diagnosis? **Chuen!** 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) **W. S. Riley**, M. D.
(Address) **4660 Maryland**

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.

