

NOV 9 1935

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

Do not use this space.

33924
8330

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St. Louis (No. 600, So Kingshighway Barnes Hosp St. Ward)

File No.

Registered No.

2. FULL NAME

Juanita Foster
(a) Residence, No. Walnut St. 79R Ward. Kapana Ill
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>Haron Cecil Foster</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 22, 1904</u>		
7. AGE	YEARS	MONTHS
	<u>30</u>	<u>11</u>
		<u>10</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Own Home</u>		
10. Date deceased last worked at this occupation (month and year) <u>Sept. 1935</u>		
11. Total time (years) spent in this occupation <u>13</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mc. Clure, Illinois</u>		
13. NAME <u>James Shirley</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>W. of Cape, Illinois</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT (ADDRESS) <u>Walter St. Louis, Ill.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oakwood Cemetery, Ill.</u> DATE <u>Oct. 5, 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Robert H. Streeper, 2521 E. Howard St. St. Louis, Ill.</u>		
20. FILED <u>OCT - 4 1935</u> <u>J. P. Bredeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-2-1935

22. I HEREBY CERTIFY, That I attended deceased from 9-25 1935, to 10-2 1935

I last saw h. er alive on 10-2 1935 Death is said to have occurred on the date stated above, at 2:40 P.M.

The principal cause of death and related causes of importance were as follows:
Cholelithiasis, subacute
Cholelithiasis
12/10

Other contributory causes of importance:
Post-operative shock
Hepatitis, acute

Name of operation Cholelithotomy Date of 10-3-35

What test confirmed diagnosis? operative Was there an autopsy? Yes

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) John E. Pittman, M. D.
(Address) Barnes Hospital

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.

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

