

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.

MAY 7 1936

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

Do not use this space.

791

16927

1. PLACE OF DEATH

County..... Registration District No. **1003**
Township..... Primary Registration District No.
City..... No. *St. Louis* *Ward* St. Ward)

File No.
Registered No. **3677**

2. FULL NAME

Girl Foster died unnamed
(a) Residence, No. *5041 Maple* St. *6* Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 1st - 1936*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) *St. Louis Mo*

13. NAME *Unknown*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

15. MAIDEN NAME *Rita Foster*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Chicago Ill*

17. INFORMANT *Sister Joe*
(ADDRESS) *5201 North St. Louis*

18. BURIAL, CREMATION, OR REMOVAL
PLACE *Catholic Cemetery* DATE *Apr 3 1936*

19. UNDERTAKER *Charles Hatcher*
(ADDRESS) *5301 North St. Louis*

20. FILED *J. T. Bredeck*
Registrar.

APR 4 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 2 1936*

22. I HEREBY CERTIFY, That I attended deceased from *April 1st 1936* to *April 2 1936*
I last saw h. a. alive on *April 2 1936*. Death is said to have occurred on the date stated above, at *7 P. m.*
The principal cause of death and related causes of importance were as follows:

Stelecemia - Congenital Prematurity - 2 1/2 months
Other contributory causes of importance: *Mother - Pleurisy Pneumonia*

Name of operation *none* Date of
What test confirmed diagnosis? *Rouletti* 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) *John B. O'Neill*, M. D.
(Address) *319 University Club Bldg*

