APR 9 1937

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. City Hospital No.1 St. ..... Ward)

File No. 10667

Registered No. 3241

B. 15157

2. FULL NAME Thomas J. Foster

(a) Residence, No. 4493 Lee St., 10 Ward.
(Usual place of abode) (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. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Stella L. Foster

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) ? Nov., 9th. 1858

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
78	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.R. Conductor

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) Illinois

FATHER

13. NAME William H. Foster

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Hosp. Info. M.H. Kent City Hospital No.1

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mexico Missouri DATE March 27th 1937

19. UNDERTAKER (ADDRESS) Stroot & Connell Undt. 4600 National Bridge Ave.

20. FILED MAR 25 1937 19 J.H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/24/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 1/18/37, 19 to 3/24/37, 19

I last saw him alive on 3/24/37, 19 Death is said to have occurred on the date stated above, at 9.40a m.

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

	Date of onset
Bronchopneumonia	3/24/37
Hypertrophy of prostate	P
Complicating Obstruction of hypertrophy	Recent 12/18/37

Other contributory causes of importance: 1070

Name of operation Cystotomy 1/24/37 Transurethral resection of prostate Date of 2/18/37

What test confirmed diagnosis? 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) Thos W. Evans, M. D.

(Address) City Hospital no.1

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.