

OCT 14 1937

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

32194
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Mo Registration District No. **791**
 (b) Township St. Louis Mo Primary Registration District No. **1003** Registered No. **8248**
 (c) City St. Louis Mo (d) Street No. Homey & Phillips Ave St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 2 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME SARAH FOSTER

(a) Residence, No. 2922 Dickson St. 21 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE NEGRO 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
abt. 77

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. none
 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) NEWBERN TENN.

FATHER
 13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER
 15. MAIDEN NAME Precilla Walker

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

17. INFORMANT (ADDRESS) Bertha Goodwin 2922 Dickson St

18. BURIAL, CREMATION, OR REMOVAL PLACE NEWBERN TENN DATE Sept 2 1937

19. FUNERAL DIRECTOR (ADDRESS) Atkins Bros. 3644 Franklin Ave

20. FILED J. Bredbeck Local Registrar.

~~NO CERTIFICATE OF DEATH~~

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h..... alive on....., 19____. Death is said to have occurred on the date stated above, at 6:10 A.M.

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

Asthma
Cardiac Decompensation
 Date of onset

Other contributory causes of importance: AP

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

What test confirmed diagnosis?..... 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 Alfred Perry

(Signed) Alfred Perry Deputy Coroner
 (Address) Deputy Coroner

SEP 2 1937

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, Louis V. Atkins, Licensed Embalmer No. 2842

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No. or by..... Registered Apprentice No.
working under my personal supervision.

Signed Louis V. Atkins
Licensed Embalmer No. 2842

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)