

FEB 12 1938

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

1180
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **4241 A South Grand** Registered No. **1036**
(e) Length of residence in city or town where death occurred **45** yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Willis Albert Foster 236**
(a) Residence, No. **4241 A South Grand** St. **15** (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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Husband of Effie Foster**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **October 21, 1854**
7. AGE YEARS **83** MONTHS **3** DAYS **6** If LESS than 1 day, hrs. or min.
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Farmer**
9. Industry or business in which work was done, as saw mill, bank, etc. **Farm**
10. Date deceased last worked at this occupation (month, and year) **Retired 15 Yrs.** 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Perry County Missouri**

FATHER 13. NAME **Unknown**

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

MOTHER 15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

17. INFORMANT (ADDRESS) **P.A. Zimmerman 4241 A South Grand**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Matthews** DATE **1/29/38**

19. FUNERAL DIRECTOR (ADDRESS) **C. St. McLaughlin 2301 Lafayette Ave**

20. FILED **JAN 28 1938** **J. Bredeck** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1/27/38**
22. I HEREBY CERTIFY, That I attended deceased from **Jan 27, 1938** to **Jan 27, 1938**
I last saw him alive on **Jan 27, 1938** Death is said to have occurred on the date stated above, at **4:05 AM**
The principal cause of death and related causes of importance were as follows:

Chr. Myocarditis
Arteriosclerosis
Date of onset **15 yrs.**

Other contributory causes of importance:
Arteriosclerosis
Name of operation **None** Date of
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? **h** 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 **None**
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify **Max Startloff**, M. D.
(Signed) **Max Startloff** (Address) **512 Dowd Pl.**

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, L.P. Cooper, Licensed Embalmer No. 3633

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

L. E.

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed L.P. Cooper

Licensed Embalmer No. 3633

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.)