

REC'D APR 1 1938

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

8726
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No. Registered No. **2315**
(c) City St. Louis, Mo. (d) Street No. St. Lukes Hospital 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Jerry Ray Foster 236
(a) Residence, No. 1318 No. Whittier, St. St. 11 (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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nil.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 3- 1934
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
3 4 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as a sawyer, bookkeeper, etc. Baby
9. Industry or business in which work was done, as 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) Pocahontas, Arkansas

FATHER 13. NAME Troal A. Foster
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Viola, Arkansas

MOTHER 15. MAIDEN NAME Faye Hatfield
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pocahontas, Arkansas

17. INFORMANT Troal A. Foster
(ADDRESS) 1318 No. Whittier, St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pocahontas, Ark. DATE 3- 9- 1938

19. FUNERAL DIRECTOR Albert H. Hoppe
(ADDRESS) 429 No. Euclid, Ave.

20. FILED MAR 8 1938 J. T. Bredeck
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 #- 7- 1938.

22. I HEREBY CERTIFY, That I attended deceased from Jan. 8, 1938 to March 7, 1938

I last saw him alive on March 7, 1938. Death is said to have occurred on the date stated above, at 4:12 P.M.

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

Brain tumor, Benign Date of onset

Other contributory causes of importance:

Broncho-pneumonia

Name of operation Ventriculogram Date of 1/15/38
What test confirmed diagnosis? 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) J. R. Long M. D.
(Address) St. Lukes Hosp. St. Louis, Mo.

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,, Licensed Embalmer No.

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.....

..... Licensed Embalmer No.

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.)