

AN 5 939

FEB 7 1939

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

Do not use this space.

3858

1. PLACE OF DEATH

County ST. LOUIS Registration District No. 702
Township _____ Primary Registration District No. 111
City Rich Heights (No. ST. MARY'S HOSPITAL)

File No. _____
Registered No. 19 St. _____ Ward _____

2. FULL NAME DANNY FOSTER

(a) Residence, No. CREVE COEUR, MO. 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) SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 25, 1938

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
7 7 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NIL.
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) MO.

MOTHER 13. NAME LENNEY FOSTER

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

15. MAIDEN NAME LEONA PACE

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

17. INFORMANT LEONA FOSTER
(ADDRESS) CREVE COEUR, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE CREVE COEUR DATE 1-6-39

19. UNDERTAKER CULLEN-KELLY
(ADDRESS) 7267 N. W. BRIDGE

20. FILED JAN 5 1939
DR. Meyer
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/4, 1939

22. I HEREBY CERTIFY, That I attended deceased from 12/21, 1938 to 1/4, 1939

I last saw him alive on 1/4, 1939. Death is said to have occurred on the date stated above, at 10 A. m.

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

Heart dilat. myocarditis
acute broncho pneumonia
J.P.A.

Date of onset 11/1/37
12/20/37

Other contributory causes of importance: British South India 11/21/38

Name of operation Myocardectomy Date of 1/2/39
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) C. R. Hamble M. D.

(Address) St. Mary's Hospital
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.

Body Embalmed by.

Clement McManis
Lic. No. 3732.
St. Louis, Mo.