

WHILE I REMAIN I USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

REC'D AUG 11 1939 791
Registration District No.

Primary Registration District No. _____

1. PLACE OF DEATH: 1008

(a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1809 Division St. 2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 21
(If outside city or town limits, write "RURAL")
 (d) Street No. 1809 Division
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Hester Foster 236
 (b) If veteran, name war _____ (c) Social Security No. _____

20. DATE OF DEATH: Month July day 16th
 year 1939 hour 2 o'clock minute A M.

4. Sex female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Dec 1 1885
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1937, 19____, to July 14, 1939
 that I last saw her alive on July 14, 1939
 and that death occurred on the date and hour stated above.

8. AGE: Years 54 Months 87 Days 17 If less than one day _____ hr. _____ min.

Immediate cause of death Parenchymatous Nephritis 3 years
 Duration 3 years

9. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

Due to _____
 Due to _____

10. Usual occupation Housewife 9

Other conditions Paternal Inefficiency
(Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name Unknown 9

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Jessie Keyes

15. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Jessie Spinner
 (b) Address 1607 Cass, St.

17. (a) Burial (b) Date thereof 7-22-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Father Jackson

18. (a) Signature of funeral director English Undert Co
 (b) Address 2931 Luongo, Ave

19. (a) JUL 22 1939 (b) J. B. Prudeck
(Date received local registrar) (Registrar's signature)

Major findings:
 Of operations _____
 Of autopsy _____

PHYSICIAN

 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury !

23. Signature Th. L. Moore (M. D. or other) _____
 Address 1336 Franklin Date signed _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
Louis V. Atkins....., Registered Apprentice No.....
working under my personal supervision.

Signed.....*Louis V. Atkins*.....
Licensed Embalmer No.....*2842*.....
P. O. Address.....*3644 Finney*.....

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.)

If this body is not embalmed, above space should be left blank.