No. 2
-13-40
17-39
X21159

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33964

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 8661

FILED NOV 16 1940

1. PLACE OF DEATH:
(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: Enroute to City Hosp.
(If not in hospital or institution, write street number or location) 3
(d) Length of stay: In hospital or institution
(Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town University City. N.R.
(If outside city or town limits, write "RURAL")
0
(d) Street No. 7051 Pershing
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME EDITH LEE FOSTER

3. (b) If veteran, name war ---

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Charles H. Foster

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March 8, 1874
(Month) (Day) (Year)

8. AGE: Years 66 Months 7 Days 12 If less than one day hr. 21 min.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name * Charles Rottenkolber

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

14. Maiden name * Unknown

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

16. (a) Informant Sophie Y. Kiburz

(b) Address 7051 Pershing Ave

17. (a) removal (b) Date thereof Oct. 21, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Omaha Nebr.

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6175 Delmar Blvd. St. Louis

19. (a) OCT 21 1940 (b) J. F. Bulech
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 20th year 1940 hour 10:15 minute A. M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Traumatic Hemorrhage due to Fracture of the Skull, Ribs, Laceration of Lung and Spleen, when — Duration

Due to struck while crossing Olive afoot, by a Public Service Streetcar operated

Due to by one Raymond L. Jaas, in front of about 4440 Olive Street, about 10:00 o'clock A.M., Oct. 20, 1940

Other conditions
(Include pregnancy within 3 months of death)

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) Accident
(b) Date of occurrence Oct. 20th, 1940
(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In Public Place
While at work? (Specify type of place)
(e) Means of injury

23. Signature Alfred J. Weirs (M. D. or other)
Address Deputy Coroner Date signed 10-21-40

(Licensed Embalmer's Statement on Reverse Side)

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.....

Elbert L. White, Registered Apprentice No. 209

working under my personal supervision.

Signed Jos. E. McCulloh

Licensed Embalmer No. 2460

P. O. Address 6175 Delmar

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, fact should be so stated above.