

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No.

FILED DEC 11 1940

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Komen G. Phillips
(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 Mo. (b) County _____
(c) City or town Saint Louis 23
(If outside city or town limits, write "RURAL")
(d) Street No. 1509 South 3rd.
(If rural, give location)
(e) If foreign born, to what U.S. State _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 9
year 1940 hour 8 minute 05 M.

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

Immediate cause of death Cerebral Hemorrhage
Apoplexy
Due to _____
Due to _____

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.

3. (a) PRINT FULL NAME Nathan Foster.

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Julia Foster 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased 6 5 1891
(Month) (Day) (Year)

8. AGE: Years 49 Months 5 Days 4 If less than one day hr. _____ min. _____

9. Birthplace MARYLAND AIA
(City, town, or county) (State or foreign country)

10. Usual occupation COOK.

11. Industry or business Own Business

12. Name Peter Foster

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

14. Maiden name MARY

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

16. (a) Informant: Julia Foster

(b) Address 1509 So 3rd St

17. (a) Buried (b) Date thereof 11-15-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Mary Wade

(b) Address 4202 Finney Ave

19. (a) NOV 13 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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)
Cause of injury _____
23. Signature [Signature] (M. D. or other) _____
Address [Signature] Date signed 11/12/40

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 _____, Registered Apprentice No. _____, working under my personal supervision.

Myself
City license
#145

Signed *Glenn E. Anderson*

Licensed Embalmer No. *4141*

P. O. Address *St. Louis Mo.*

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.