

Registration District No. **7911**

Primary Registration District No. **1003**

State File No. _____

Registrar's No. **10840**

1. PLACE OF DEATH:

(a) County _____
(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4409 Aldine Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 55 years (Specify whether
years, months or days) 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town Saint Louis 11
(If outside city or town limits, write "RURAL")
(d) Street No. 4409 Aldine Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Elizabeth Foster

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

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Griffin Foster 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 4th 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 5 22 _____ hr. _____ min.

9. Birthplace Hickman County Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____
12. Name Unavailable
13. Birthplace Unavailable
(City, town, or county) (State or foreign country)
14. Maiden name Ellen Dellincoe
15. Birthplace Unavailable
(City, town, or county) (State or foreign country)

16. (a) Informant Estelle Villars
(b) Address 4409 Aldine Street

17. (a) Burial (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Chas. G. Gates
(b) Address 4107 Finney Avenue

19. (a) DEC 30 1940 (b) J. H. Bredeck
(If embalmer, give address) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 26th
year 1940 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from Dec 11 - 1940 to December 26th, 1940
and that I last saw her alive on December 26th, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Valvular Heart Disease Duration 6 mo.
Chronic Rheumatism
Due to _____
Due to Nephritic lesion 6 mo.
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) _____
(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) Means of injury _____
23. Signature Samuel Stafforh (M. D. or other) _____
Address 925 N. Jefferson Date signed _____

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

007309

STATEMENT BY LICENSED EMBALMER

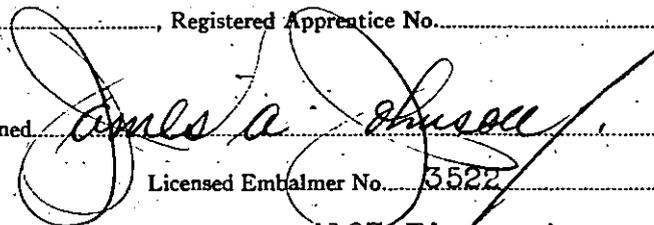
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James A. Johnson

....., Registered Apprentice No.....

working under my personal supervision.

Signed



Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave.

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.