No. 2
4-13-40
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5654

MAR 25 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 1902

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

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2121 Walnut St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St Louis mo
(If outside city or town limits, write "RURAL")

(d) Street No. 2121 Walnut
(If rural, give location)

(e) If foreign born, how long in U. S. A.

3. (a) PRINT FULL NAME Pearl Foster

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race Col

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

6. (b) Name of husband or wife Husband Clarence Foster

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased 1 (Month) 24 (Day) 1896 (Year)

8. AGE: Years 45 Months 1 Days If less than one day hr. min.

9. Birthplace Natchez (City, town, or county) Miss (State or foreign country)

10. Usual occupation Domestic

11. Industry or business

MOTHER FATHER

12. Name Willie Miller

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

14. Maiden name Mary Scott

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

16. (a) Informant Clarence Foster

(b) Address 909 N Jefferson Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-3-41 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial

18. (a) Signature of funeral director Ellis Funeral Home

(b) Address 2820 Steddman St

19. (a) FEB 28 1941 (Date received by local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 24 day Feb year 1941 hour 12 minute 00 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.

	Duration
Immediate cause of death: Cerebral Apoplexy	
Due to: Hypertension	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 83A	
Major findings: Of operations: None	
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? (Specify type of place)

While at work? (e) Means of injury 3

23. Signature Thomas F Allison (M. D. or other)

Address Deputy Coroner Date signed 2/25/41

(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~~ L. Bo

....., Registered Apprentice No. May

working under my personal supervision.

Signed Lonnie Boyd

Licensed Embalmer No. 2944

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, fact should be so stated above.