

No. 2
11-10-39
5-17-39
I X21492

APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 9242
Registrar's No. 2652

Registration District No. 791

Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Homan St. Phillips
(d) Length of stay: In hospital or institution 1 day
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 25
(c) City or town St. Louis
(d) Street No. 813 Bedde St
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Robert Foster

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 11
year 1941 hour 5 minute 25 P. M.

3. (b) If veteran, name war _____ No. _____ 3. (c) Social Security No. _____

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

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

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Oct (Month) 1863 (Day) (Year)

Immediate cause of death: Heart stopped a result of pharyngitis and pneumonia
Underline the cause to which death should be charged statistically: pharyngitis and pneumonia

8. AGE: Years 78 Months _____ Days _____ If less than one day _____ hr. _____ min.

Other conditions: Feb 10th 1941 in home at 1401 near No 8th St

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

PHYSICIAN
Major findings: _____

10. Usual occupation Laborer

Of operations _____
Of autopsy 167 177

11. Industry or business laborer

12. Name Robert Foster

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

14. Maiden name Robert Foster

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

16. (a) Informant John W. Bredbeck

22. If death was due to external causes, fill in the following:

(b) Address 813 ab Clark

(a) Accident, suicide, or homicide (specify) Homicide

17. (a) _____ (b) Date thereof 3-10-41 (Month) (Day) (Year)

(b) Date of occurrence 2/10/41

(c) Place: burial or cremation St. Louis

(c) Where did injury occur? St. Louis

18. (a) Signature of funeral director W. B. Bredbeck

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

(b) Address 3500 Ritten

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

19. (a) _____ (b) _____ (Registrar's signature)

23. Signature Alfred Gerry (M. D. or other) _____
Address St. Louis Date signed 3/6/41

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

970

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.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.