

0. 2
4-41
7-39
X26390

Registration District No. **7911**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis, Mo.**

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

(c) Name of hospital or institution: **City Sanitarium 2**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **17 yrs. 3 mos. 20 days.**
(Specify whether)

In this community **About 19 yrs.**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**

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

(d) Street No. **2655 Olive St.**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Frank Foster**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **6**
year **1941** hour **6:00** minute **P.** M.

4. Sex **Male** 5. Color or race **Col.**

6. (a) Single, widowed, married, divorced, **Separated**

6. (b) Name of husband or wife _____

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

7. Birth date of deceased **Sept. 6, 1895**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **7-1-39**, 19____, to **10-6-41**, 19____;
that I last saw him alive on **10-6-41**, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

8. AGE: Years **46** Months **1** Days _____ If less than one day _____ hr. _____ min.

Septicemia with multiple
Due to **abscesses 8-26-41**
Underlying Cause undetermined
Due to **no trauma**

9. Birthplace **Black Jack Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business _____

Other conditions _____
(Include pregnancy within 3 months of death)

MOTHER FATHER { 12. Name **Henry Foster**

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

14. Maiden name **Unknown**

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

Major findings: Of operations **2/4a**

Of autopsy **No. 36**

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant **L. Reggenbaf**

(b) Address **City Sanitarium**

17. (a) **Burial** (b) Date thereof **Oct. 12, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Black Jack, Mo.**

18. (a) Signature of funeral director **Russell Untd. Co.**

(b) Address **2732 Pine Street**

19. (a) **OCT 9 1941** (b) **J. T. Bredeek**
(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)

Means of injury **(W. WILDER)**

23. Signature **M. H. ...** (M. or other) _____

Address **3400 ...**

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

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.....

Joel Russell

Licensed Embalmer No. *4112*

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, fact should be so stated above.