

S. No: 2
M-5-42
5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **4038**

Registration District No. **318** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County **St. Louis, Missouri**
 (b) City or town **St. Louis**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **5122 Gilmore**
 (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 **Missouri** (b) County **17**
 (c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **97**
 (d) Street No. **5122 Gilmore Ave.** (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country **0**

3. (a) PRINT FULL NAME **Mamie Foster**
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex **female** 5. Color or race **white**
 6. (a) Single, widowed, married, divorced **married**
 6. (b) Name of husband or wife **Fred H. Foster**
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **November 14th 1977**
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	65	5	15	_____ hr. _____ min.

9. Birthplace **Bedford, Ind.** (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Jerome Brown**

12. Name **Indiana**

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

14. Maiden name **Mamie Ernie (unknown)**

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

16. (a) Informant **Mrs. Louise Delaney**
 (b) Address **5313 Kirkland Ave. Normandy**

17. (a) Burial **Burial** (b) Date thereof **5-3-43**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Mt. Lebanon, Overland, Mo**

18. (a) Signature of funeral director **Sullivan Brothers**
 (b) Address **2849 No. Euclid Ave.**

19. (a) **APR 30 1943** (b) **J. F. Briedeck**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **29th**
 year **1943** hour **4** minute **05** A. M.

21. I hereby certify that I attended the deceased from **April 1-1943** to **April 23 1943**
 that I last saw her alive on **April 23 1943**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Acute dilatation of the myocardium**
 Due to **acute coronary disease with internal bleeding into the coronary tract**
 Due to **cholangitis, viral hepatitis**
 Other conditions **suppurative & acute stenosis**
 (Include pregnancy within _____ months of death)
 Major findings: **Branches of Society**
 Of operations _____
 Of autopsy _____

Duration _____
 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)
 (e) Means of injury _____

23. Signature **J. P. Murphy** (M. D. or other)
 Address: **2616 26 1/2 North Exchange** signed **4/30/43**
Dr. A. J. Smith

Dr. Murphy,
2616 N. Kingshighway Blvd.,

Apr 30-⁴⁵ 11.A.M.

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 Albert J. Mayfield.....

Licensed Embalmer No. 3077.....

P. O. Address St. Louis, Missouri......

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.