

FILED JUL 3 1948

318

Registration District No. Primary Registration District No. 1003

Registrar's No. 5700

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution: Homer G. Phillips Hospital
(d) Length of stay: In hospital or institution. 15 days
In this community 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis,
(d) Street No. 4219 E. Cozens
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Harrison Foster

3. (b) If veteran, name war World war I 3. (c) Social Security No. —

4. Sex male 5. Color or race coll 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Celest Foster 6. (c) Age of husband or wife if alive — years
7. Birth date of deceased 6-18-1893
(Month) (Day) (Year)

8. AGE: Years 50 Months - Days - If less than one day — hr. — min.

9. Birthplace St. Louis (City, town, or county) MO (State or foreign country)

10. Usual occupation meyer

11. Industry or business

MOTHER FATHER { 12. Name Jess Foster
13. Birthplace unknown 9 (City, town, or county) (State or foreign country)
14. Maiden name Virginia Morris
15. Birthplace Miss (City, town, or county) (State or foreign country)

16. (a) Informant Almeda Keel

(b) Address 4225 W. Page Ave

17. (a) Burial (b) Date thereof 6-23-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cem

18. (a) Signature of funeral director Bennje Love

(b) Address 3103 Washington Ave

19. (a) JUN 22 1948 (b) J. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18,
year 1943 hour 10 minute 55 A. M.
21. I hereby certify that I attended the deceased from June 3,
1943 to June 18, 1943;
that I last saw him alive on June 18, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration Unknown

Due to 4
Due to 1/2

Other conditions (include pregnancy within 3 months of death) 1/2

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) (c) Means of injury

23. Signature Almeda Keel (M. D. or other) —
Address 2601 Whittier Date signed 6/19/48

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

UL 6 - 1948

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 *William Claude Gordon*

Licensed Embalmer No. *3489*

P. O. Address *4575 Aldine*

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.