

FILED MAR 13 1944

Registration District No. **818**

Primary Registration District No. **1003**

Registrar's No. **000**

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:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... None
(Specify whether
In this community About 4 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 311 1/2 Pine St.
(If rural, give location)
(e) Citizen of foreign country?..... No. (Yes or No)
If yes, name country..... No.

3. (a) PRINT FULL NAME Rachel Foster

3. (b) If veteran, name war..... None 3. (c) Social Security No. 499-26-3435

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

6. (b) Name of husband or wife..... None 6. (c) Age of husband or wife if alive..... None years

7. Birth date of deceased September 25 1910
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
33 5 0 1 hr. 35 min.

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

10. Usual occupation General Work

11. Industry or business..... None

12. Name Albert Foster

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

14. Maiden name..... Nancy Adair

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

16. (a) Informant Beatrice Weatherhead

(b) Address 3023 Cook

17. (a) Removal (b) Date thereof FEB 29 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cleveland Miss.

18. (a) Signature of funeral director C. J. Wash
(b) Address 3847 Page Bldg.

19. (a) FFD (b) D. F. Brenek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 25
year 1944 hour 4 minute 35 P. M.

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

that I last saw h. ey alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Internal hemorrhage ^{Duration}
from gunshot wounds of right
lung at the hands of one

Due to Bright Bright Co. on a wellbore
olive street between Beaumont

Due to and Jefferson Ave. around 4:35 PM
2-25-44

Other conditions..... None
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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

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

(b) Date of occurrence 2-25-44

(c) Where did injury occur? St Louis Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place
(Specify type of place)

While at work?..... (e) Means of injury..... 5

23. Signature Dr. Alfred J. Perry (M. D. or other).....

Address Deputy Coroner Date signed 2-29-44

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

MOTHER FATHER

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.....

at 3847 Page Blvd.

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

C. J. Nash

Licensed Embalmer No.....

2437

P. O. Address.....

3847 Page

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.