

U. S. No. 2  
DOM-5-43  
Rev. 5-17-39  
I X36671

FILED DEC 5 1944 318

Registration District No. ....

Primary Registration District No. .... 1003

Registrar's No. .... 10092

1. PLACE OF DEATH: St. Louis

(a) County St. Louis

(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:  
1463 Webster Ave.  
(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution 5 Yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME CLARA FOSTER

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

4. Sex F 5. Color or race Col. 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Widow 6. (c) Age of husband or wife if alive 3rd. years 1882

7. Birth date of deceased: April (Month) 3rd. (Day) 1882 (Year)

8. AGE: Years Months Days If less than one day

62 7 21 hr. min.

9. Birthplace Clayborn Parish La, 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business

12. Name Simmie Morris

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

14. Maiden name Annias Langford

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

16. (a) Informant Ella Warren  
(b) Address 1463 Webster Ave.

17. (a) Burial (b) Date thereof 11-29-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Father Dickson Cem,

18. (a) Signature of funeral director Ellis Fun, Home.  
(b) Address 2820 Stoddard St

19. (a) NOV 28 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town St. 63 Louis ter Ave. 13 6 21  
(If outside city or town limits, write "RURAL")

(d) Street No. 1463 Webster Ave.  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country .....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 24th, year 1944 hour 10/30 minute A. M.

21. I hereby certify that I attended the deceased from Nov 22 to Nov 24 1944, and that death occurred on the date and hour stated above.

that I last saw her alive on Nov 23 1944

Immediate cause of death Cerebral Hemorrhage 4 days

Due to Hypertension ?

Due to .....

Other conditions 83  
(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) .....

(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 AT Thompson (e) Means of injury 0

23. Signature J. F. Bredeck (M. D. or other) 11/27/44  
Address 4439 San Francisco Date signed 11/27/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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**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 Fulton G. Calkin.....

Licensed Embalmer No. 4198.....

P. O. Address St. Louis 13 Mo......

**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.**