

FILED JAN 21 1948 318

Registration District No.

Primary Registration District No.

1003

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 40 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Eugene Foster

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color or race Negro
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased March 28th 1880
(Month) (Day) (Year)

8. AGE: Years 64 Months 9 Days 3 If less than one day hr. min.

9. Birthplace Canton Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation Yard Man

11. Industry or business Private Family

MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Eloise Foster

(b) Address 4024 Finney ave

17. (a) Burial (b) Date thereof 1/10/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director C. W. Roberts

(b) Address 1416 No. Taylor ave

19. (a) JAN 8 1948 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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. 4024 Finney ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5 year 1946 hour 11 A minute 11 M.

21. I hereby certify that I attended the deceased from March 3 to Jan 5 1946 that I last saw him alive on Jan 5 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Regurgitation Duration unknown

Due to arterio sclerosis?

Due to Hypertension

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations [Signature]

Of autopsy [Signature]

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) [Signature]
(b) Date of occurrence [Signature]
(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 [Signature]
23. Signature Dr. W. O. Loxbury M.D.
Address 3904 Laclede ave Date signed 1/7/46

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.

[Handwritten signature]
[Handwritten signature]

Signed.....

Licensed Embalmer No.....

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.