V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 26 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38053

Registration District No. 310 — Primary Registration District No. 3058 — Registrar's No. 177

1. PLACE OF DEATH:

(a) County: St. Charles

(b) City or town: St. Charles
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Week (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County:

(c) City or town: St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3644 Natl. Bridge Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Harry Fosterman

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widower

6. (b) Name of husband or wife: Mary

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: Feb. (Month) 20 (Day) 1860 (Year)

8. AGE: Years 86 | Months 8 | Days 28 | If less than one day hr. min.

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

10. Usual occupation: Salesman

11. Industry or business:

FATHER
12. Name: Henry Fosterman
13. Birthplace: Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Johannah
15. Birthplace: Germany (City, town, or county) (State or foreign country)

16. (a) Informant: Harry B. Fosterman

(b) Address: Route #1-Babler & Conway Rd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-20-46 (Month) (Day) (Year)

(c) Place: burial or cremation: Calvary Cemetery

18. (a) Signature of funeral director: Arthur J. Donnelly

(b) Address: 3840 Lindell Blvd

19. (a) 11/19/46 (Date received by local registrar) (b) Fannie Hamilton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov, day 18, year 1946, hour 9, minute 30 A.M.

21. I hereby certify that I attended the deceased from 5/10/11, 1946 to 11/18, 1946 and that I last saw him alive on 11/18, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral apoplexy	3d.
Due to: Generalized arteriosclerosis ?	
Due to:	
Other conditions (Include pregnancy within 3 months of death): senility	?
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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: R. O. Hayden (M. D. or other) M.D.

Address: Louisiana, Mo. Date signed: 11/18/46

284

(Licensed Embalmer's Statement on Reverse Side)

Dr Hayden
2169 N Main St

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 11-23-46

612 N. 6th
1581

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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.