

No. 2  
1-5-43  
5-17-39  
I X36671

FILED NOV 20 1946  
317  
Registration District No.

Primary Registration District No. **6076**

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

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **Rural**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**18 June Drive**  
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Louis**

(c) City or town **Rural**  
(If outside city or town limits, write "RURAL")

(d) Street No. **18 June Dr.**  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Harry W. Foster**

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 **married**

6. (b) Name of husband or wife **Emma Foster** 6. (c) Age of husband or wife if alive **67** years

7. Birth date of deceased **Apr. 22 1877**  
(Month) (Day) (Year)

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

**69** **6** **16** hr. \_\_\_\_\_ min.

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

10. Usual occupation **City Salesman**

11. Industry or business **Nat. Bearing Metal Co.**

MOTHER FATHER

12. Name **William Foster**

13. Birthplace **St. Louis Mo.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Isabelle Coghill**

15. Birthplace **St. Louis Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Emma Foster**

(b) Address **18 June Dr.**

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

(c) Place: burial or cremation **Memorial Park**

18. (a) Signature of funeral director **Drehmann-Harral**

(b) Address **1905 Union Blvd.**

19. (a) **11-13-46** (b) **Ruth J. Olsen MD**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **8** year **1946** hour **1:50** minute **P** M.

21. I hereby certify that I attended the deceased from **July 1946** to **Nov 8 1946** that I last saw him alive on **Nov 8 1946** and that death occurred on the date and hour stated above.

Immediate cause of death: **Chr. Myocarditis**  
**Cerebral Hemorrhage**  
**Paralysis**

Due to \_\_\_\_\_

Due to **93d**

Duration

**2 yrs**  
**2 yrs**

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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? \_\_\_\_\_

23. Signature **Edward Helberg M. D.** (Specify type of place) \_\_\_\_\_ (e) Mean of injury \_\_\_\_\_

Address **3903 O. Ave.** Date signed **11-9-46**

3903 Deane St  
1-3

NOV 20 1946

**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 Warren A. Carver

Licensed Embalmer No. 3534

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.**