V. S. No. 2
50M—1/47
Rev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43029

FILED JAN 9 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12057

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Deaconess O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County 999

(c) City or town Hardin .1
(If outside city or town limits, write "RURAL")

(d) Street No. N.R. 0
(If rural, give location)

(e) Citizen of foreign country? 2 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Chas. A. Foster

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife M. Foster

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

7. Birth date of deceased Sept (Month) 19 (Day) 1879 (Year)

8. AGE: Years 68 Months 3 Days 5 If less than one day hr. min.

9. Birthplace Grafton Ill. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Steam Ship Capt.

11. Industry or business

FATHER
12. Name --------- 9
13. Birthplace --------- 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name --------- 1
15. Birthplace 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. H. Peisker
(b) Address Hardin Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation R.R. 2 Calhoun Co.

18. (a) Signature of funeral director C.C. Hanks.
(b) Address Hardin Ill.

19. (a) JAN 2 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 24
year 1947 hour 4 15 minute P M.

21. I hereby certify that I attended the deceased from 12-21, 1947, to 12-24, 1947
that I last saw him alive on 12-23, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pneumonia Lobar	7 day
Uremia	4 day
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 Hanford Phillips (M. D. or other)
Address 1117 N. Union Date signed 12-25-47
St Louis, Mo

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

25021

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 Howard F. Rowland

Licensed Embalmer No. 3114

P. O. Address St Louis 8 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.