S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10170

FILED MAR 25 1948

Registration District No. 318

Primary Registration District No. 1005

Registrar's No. 2712

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

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 2334 Clark Avenue (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 2334 Clark Avenue (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Nathan Foster
3. (b) If veteran, name war
3. (c) Social Security No. 494-24-0958
4. Sex Male 2
5. Color or race Colored
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lillie Bell
6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased February (Month) 4, (Day) 1900 (Year)

8. AGE: Years 48 Months 1 Days 9 If less than one day hr. min.

9. Birthplace Laurel, (City, town, or county) Miss. (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER
12. Name William Foster
13. Birthplace (City, town, or county) Miss. (State or foreign country)
MOTHER
14. Maiden name Unk.
15. Birthplace Unk. (City, town, or county) (State or foreign country)
16. (a) Informant Albert Lewis
(b) Address 2336 Clark Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-19-48 (Month) (Day) (Year)
(c) Place: burial or cremation Oakdale Cemetery
18. (a) Signature of funeral director E. B. Koonce
(b) Address 1221 N. Grand Blvd.
19. (a) MAR 18 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13th year 1948 hour 8:30 pm minute M.
21. I hereby certify that I attended the deceased from May 25th 1945, 19, to March, 1948 that I last saw him alive on 3-13-48, 19 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary / Heart Disease — Duration 6 hrs
Due to undetermined cause
Due to
Other conditions none (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 L. J. Erwin (M. D. [redacted])
Address 11 N. Jefferson Date signed 3-16-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Theodore T Yandell

Licensed Embalmer No. 4243

P. O. Address 14 Wayne Ave Yorkville Grove Md

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.