FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31002

FILED SEP 20 1948 318

Registration District No. .....

Primary Registration District No. 1003

Registrar's No. 7856

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution 3828 W. Pine (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 17

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 6

(d) Street No. 3828 W. Pine (If rural, give location) 6

(e) Citizen of foreign country? 19 ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Rosalia Margaret Foster

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Charles A. Foster

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

7. Birth date of deceased October 27, 1873 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
74	10	8	..... hr. ..... min.

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

10. Usual occupation at home

11. Industry or business .....

FATHER

12. Name Joseph Cerny

13. Birthplace Iowa City (City, town, or county) Iowa (State or foreign country)

MOTHER

14. Maiden name Helen Haas

15. Birthplace Iowa City (City, town, or county) Iowa (State or foreign country)

16. (a) Informant Mrs. T. G. Dean

(b) Address Cleveland, Ohio

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-8-48 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Weick Bro. Und. Co.

(b) Address 2201 S. Grand Bl.

19. (a) SEP 7 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 5 year 1948 hour ..... minute 4 A. M.

21. I hereby certify that I attended the deceased from Aug-30 1948, 19.. to Sept 5, 1948, that I last saw her alive on Sept 4, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemmorrhage — Duration 6 days

Due to Hypertension and arterio sclerosis

Due to Chronic Myocarditis unknown

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? — Means of injury —

23. Signature Dr. W. O. Loescher M.D. (M. D. or other)

Address 3904 Laclede ave Sept 7-48 Date received

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

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

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 James R Dunn

Licensed Embalmer No. 4527

P. O. Address 2201 S. Grand

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.