FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 23 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 34132

Registrar's No. 9004

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 MO. BAPTIST HOSPITAL (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)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County ST. LOUIS
(c) City or town UNIVERSITY CITY (If outside city or town limits, write "RURAL")
(d) Street No. 904 PURDUE AVE (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOHN JOS. FOSTER, SR
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 MABEL
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased AUG. 26 1896 (Month) (Day) (Year)

8. AGE: Years 52 Months 1 Days 19 If less than one day hr. min.

9. Birthplace MO (City, town, or county) (State or foreign country)
10. Usual occupation SALESMAN
11. Industry or business CHICAGO PUMB Co.
FATHER
12. Name WILLIAM FOSTER
13. Birthplace AUSTRIA HUNGARY (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name MARY SHEA
15. Birthplace IRELAND (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Mabel Foster
(b) Address 904 Purdue Ave U C
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10/19/48 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEM
18. (a) Signature of funeral director L Mullen Mod Co
(b) Address 5165 Delmar Bl.
19. (a) OCT 18 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT. day 15th year 48 hour 9 minute 45 P.M.

21. I hereby certify that I attended the deceased from 10-15- 1948, to 10-15- 1948, that I last saw him alive on 10-15-48, 19..., and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Cerebral hemorrhage

Due to Hypertension

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Cerebral hemorrhage

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) No.
(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: S H Hale (M. D. ~~or other~~)
Address 4903 Delmar Date signed 10/16/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 8 1953

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.....

Licensed Embalmer No.....

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.