

No. 300
-10-47
-17-39
-I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

38115

State File No. _____

FILED DEC 8 1948
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10300

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: DePaul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 weeks
(Specify whether
In this community 35 years
years, months or days)

3. (a) PRINT FULL NAME HELEN AGNES FOSTER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced M /
6. (b) Name of husband or wife Sim C. 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased November 31, 1887 1891
(Month) (Day) (Year)

8. AGE: Years 56 57 Months 11 Days 25 If less than one day hr. _____ min. _____

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

Usual occupation House-wife

Industry or business At Home

Name William Knight

Birthplace Prinston, Indiana
(City, town, or county) (State or foreign country)

Maiden name Unknown

Birthplace Unknown
(City, town, or county) (State or foreign country)

(a) Informant S.C. Foster

Address 9716 Jacobi Drive

(a) Removal (b) Date thereof 11/27/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Petersburg, Tennessee

(a) Signature of funeral director A.W. McLaughlin

(b) Address 2301 Lafayette Avenue

19. (a) NOV 27 1948 (b) B. Lasater
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 9716 Jacobi Drive
N.R. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 25th
year 1948 hour 3:45 minute P. M.

21. I hereby certify that I attended the deceased from 10-10-48 to 11-25-48, 1948,
that I last saw him alive on 11-25-48, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death Crossed pneumonia Duration 10 days

Due to Encephalitis
Hemorrhagic 14 weeks

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations none Of autopsy none
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) L
(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? L
While at work? _____ (Specify type of place) (e) Means of injury D

23. Signature Ray Johnson (M. D. or other) _____
Address Ferguson, Mo. Date signed 11/28/48

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

Can. by off. OTHER STATES
S.C. Foster

Dr. Roy Johnson
40 No. Florrisant Rd
ATwater 430

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..... *D. W. Cooper*
Licensed Embalmer No. *3830*
P. O. Address *2301 Lafayette Ave*

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

38115.41

State of }
County of } ss.

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No.

On this day of, 194....., before me appears
for Roman W. Gochler, who, upon oath, states that the original record of ~~birth~~
Jelen A. Foster died 11-25- 19 48 in the State of
~~born~~ Missouri, and which was filed at on 19....., should be corrected as follows:

Item No. 7 should read 11-31-1891

Instead of 11-31-1890

Item No. 8 should read age 56

Instead of 57

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

The above is true to the best of my knowledge, information and belief.

(SEAL)

X Affiant Roman W. Gochler James Smith
Relationship.

2301 Lafayette Ave
Present Address.

Subscribed and sworn to before me this 3 (day of January 1949).

My Commission expires 3-4-49 Carl Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

