

FILED APR 1 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10048

2667

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <del>Holt</del> <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>3 Weeks</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>2622 N. Taylor Ave</b>		d. STREET ADDRESS (If rural, give location) <b>2601 N. Whittier St</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G. Phillips Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>2601 N. Whittier St</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>James</b>			b. (Middle) _____			c. (Last) <b>Foster</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>March 21 1949</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>Col</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>Oct 31 1880</b>		9. AGE (In years last birthday) <b>68</b>		IF UNDER 1 YEAR (Months) _____		IF UNDER 1 HR. (Hours) (Min.) _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Nil</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Nil</b>		11. BIRTHPLACE (State or foreign country) <b>La</b>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <b>Albert Cattlong</b>		13b. MOTHER'S MAIDEN NAME <b>Parthine Robison</b>		14. NAME OF HUSBAND OR WIFE <b>Dead</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. (If yes, give year or date of service) <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Bertha Gregg</b>		ADDRESS <b>2622/a N. Taylor</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombosis and Hypertensive</b>				Heart Disease		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Undetermined</b>				<b>920</b>			
DUE TO (c) _____				<b>H421</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR _____			
22. I hereby certify that I attended the deceased from <b>3-8</b> , 19 <b>49</b> , to <b>3-21</b> , 19 <b>49</b> , that I last saw the deceased alive on <b>3-21</b> , 19 <b>49</b> , and that death occurred at <b>1:10p m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Oscar L. Daniels M. D.</b>				23b. ADDRESS <b>2601 N Whittier St</b>		23c. DATE SIGNED <b>3-21-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3/24/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park</b>		24d. LOCATION (City, town, or county) (State) <b>9800 Natural Bridge</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 24 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Savelle</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Herman J. Smith 4247/w Labadie Ave</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

*med.*

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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Arthur L. Hilliard* .....

Licensed Embalmer No. *4321* .....

P. O. Address *4047 St. Ferdinand* .....

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.