

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Alabama b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place) 2 mos.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Semmes		8010	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Mo. Pac. Hospital				d. STREET ADDRESS (If rural, give location) 7			
3. NAME OF DECEASED (Type or Print) a. (First) Burley b. (Middle) Lewis c. (Last) Foster			4. DATE OF DEATH (Month) (Day) (Year) July 30, 1950				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 1, 1900	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months 11	Days 29	IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pipefitter helper		10b. KIND OF BUSINESS OR INDUSTRY G. M. & O. R. R.		11. BIRTHPLACE (State or foreign country) Semmes, Ala.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Zeke Foster		13b. MOTHER'S MAIDEN NAME ?		14. NAME OF HUSBAND OR WIFE Camy Elizabeth Lowry			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 417-14-8816		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Herman Foster, Semmes, Ala.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) GENERALIZED ADENOCARCINOMA PRIMARY NOT DETERM. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 MO. -	
19a. DATE OF OPERATION 30 JUNE 50	19b. MAJOR FINDINGS OF OPERATION ADENOCARCINOMA - GENERAL OF PERITONEUM					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 158X			
22. I hereby certify that I attended the deceased from 17 JUNE, 1950 , to 30 JULY, 1950 , that I last saw the deceased alive on 29 JULY, 1950 , and that death occurred at 9:05 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE HAFNER, HENRY (Degree or title) Henry Hafner M.D. - 0				23b. ADDRESS 3720 Washington		23c. DATE SIGNED 30 July 50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE July 31, 1950		24c. NAME OF CEMETERY OR CREMATORY Powell Cemetery		24d. LOCATION (City, town, or county) (State) Semme, Alabama	
DATE REC'D BY LOCAL REG. 7-31-50		REGISTRAR'S SIGNATURE J. B. Sasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ambruster Mortuary, 6633 Clay on Rd.			

APR 19 1974

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer.....

Licensed Embalmer No. 1994

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.