

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6087

BIRTH NO. 18014-51 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1917

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place) 1 day		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2119 A			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Infirmary				d. STREET ADDRESS (If rural, give location) 4149a West Belle Avenue					
3. NAME OF DECEASED (Type or Print) Baby			a. (First)		b. (Middle)		c. (Last) Foster		
4. DATE OF DEATH 2/24/51		5. SEX Male 2		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 9		8. DATE OF BIRTH 2/23/51	
9. AGE (In years last birthday) 1		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Harry Foster			13b. MOTHER'S MAIDEN NAME Bertha Bess			14. NAME OF HUSBAND OR WIFE			
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.		17. INFORMANT'S SIGNATURE OR NAME Harry Foster, 4149a West Belle Ave				
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia of Lung (Pt)</u> INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES ? <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> 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.					
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) 762.0		(COUNTY)		(STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		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 <u>Birth</u> , 1951, to <u>2-24</u> , 1951, that I last saw the deceased alive on <u>2-24</u> , 1951 and that death occurred at <u>2 P. M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Wm Smiley D.M.D.</u> (Degree or title)				23b. ADDRESS 4105a Easton Avenue				23c. DATE SIGNED 2/26/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/27/51		24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE FEB 27 1951 <u>J.B. Lasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE Chas. J. Gates, 4107 Finney Avenue		ADDRESS					

(Licensed Embalmer's Statement on Reverse Side)

WRITE 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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed *John X Cunningham*.....

Licensed Embalmer No. 4476.....

P. O. Address 4107 Finney Avenue.....

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.