

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18056

State File No.

5125

FILED JUN 15 1951

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No.

3

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY	
b. CITY OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute City Hospital # 1		c. CITY (If outside corporate limits, write RURAL and give township) TOWN St. Louis	
		d. STREET ADDRESS (If rural, give location) 919 a Chambers st	
3. NAME OF DECEASED (Type or Print) LLOYD W Foster		4. DATE OF DEATH (Month) (Day) (Year) 6 2 51	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6-27-1914
9. AGE (In years last birthday) 36		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Checker	11. BIRTHPLACE (State or foreign country) West Alton Mo.
10a. USUAL OCCUPATION		12. CITIZEN OF WHAT COUNTRY? U	
13a. FATHER'S NAME LLOYD Foster		13b. MOTHER'S MAIDEN NAME Lucy Chenpine	
		14. NAME OF HUSBAND OR WIFE Mary Foster	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) # 2		16. SOCIAL SECURITY NO.	
		17. INFORMANT'S SIGNATURE OR NAME Mrs Mary Foster	
		ADDRESS 919a Chambers St	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Internal hemorrhage from bullet wounds of forehead and left kidney inflicted with gun in the hands of one William Filipial during a altercation in a tavern 1928 No. 9th St around 1235 am June 3 1951 ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Filipial during a altercation 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 Hemorrhage	
20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) Homicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) factory	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) June 3 5 25 a.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
		21f. HOW DID INJURY OCCUR? E 981 X	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 235A m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Patrick E Taylor Coroner		23b. ADDRESS 1300 Clark	
		23c. DATE SIGNED 6. 4. 51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-6-51	
24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State), St. Louis, Co	
DATE REC'D BY LOCAL REG. JUN 4 10 51		REGISTRAR'S SIGNATURE J. B. Lanter	
		25. FUNERAL DIRECTOR'S SIGNATURE Godhart & Goodhart	
		ADDRESS 2228 St, Louis Av	

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 Me

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Elton R. Remelius

Licensed Embalmer No. 4283

P. O. Address St. Louis, Mo.

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.