

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21993

State File No.

5680

FILED JUL 2- 1952

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	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo.		b. COUNTY	
c. LENGTH OF STAY (In this place) 6 Yrs 4 Mo.		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo. 2119	
d. FULL NAME OF HOSPITAL OR INSTITUTION CITY INFIRMARY,		d. STREET ADDRESS (If rural, give location) 4365 ST Ferdinand Street.	

3. NAME OF DECEASED (Type or Print)	a. (First) ROBERT	b. (Middle) Clarence	c. (Last) FOSTER	4. DATE OF DEATH (Month) (Day) (Year) JUNE 17, 52
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5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /	8. DATE OF BIRTH Feb, 18th. 1910	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) 42yrs 3 30
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) TENNESSEE Columbia /	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME ROBERT FOSTER	13b. MOTHER'S MAIDEN NAME MARGARET PERKINS	14. NAME OF HUSBAND OR WIFE Thelma Foster
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. Not any	17. INFORMANT'S SIGNATURE OR NAME CITY INFIRMARY RECORDS, 5800 ARSENAL.	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>1 Organic Brain Disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>2 Paraplegia With Spinal Cord</u> DUE TO (c) <u>Degenerative Changes.</u>		
11. 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 checked="" type="checkbox"/>
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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)
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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? 352X
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22. I hereby certify that I attended the deceased from Feb. 5, 19 46 to June 17m., 19 52 that I last saw the deceased alive on June 17, 19 52, and that death occurred at 4:00 A.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Palmer Roscoe Bowditch M.D.	23b. ADDRESS 5800 Arsenal Street.	23c. DATE SIGNED 6/17/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 23, 1952	24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery.	24d. LOCATION (City, town, or county) (State) 6571 St. Louis Av. Co. Mo.
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DATE REC'D BY LOCAL REG. JUN 18 1952	REGISTRAR'S SIGNATURE J. Earl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Moses Adams 3849 Windsor	ADDRESS
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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.

Student Embalmer No.....

Signed..... *F. A. Geary*

Signed.....
Student Embalmer

Licensed Embalmer No. *2963*

P. O. Address *4214 Selman*

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.