

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44826

FILED JAN 26 1953

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State File No.

Registrar's No. 12040

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No.	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ Mo. _____ b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Infirmary</u>				d. STREET ADDRESS (If rural, give location) <u>2219 1/2 Franklin</u>			
3. NAME OF DECEASED (Type or Print) <u>Gus</u>		a. (First) _____		b. (Middle) _____		c. (Last) <u>Foster</u>	
4. DATE OF DEATH <u>Dec. 24, 1952</u>		(Month) _____ (Day) _____ (Year) _____		5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Mar. 1, 1898</u>		9. AGE (In years last birthday) <u>54</u>		IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 6 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Freight Handler</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wabash R.R.</u>		11. BIRTHPLACE (State or foreign country) <u>Brinkley, Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Hebrew Foster</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Love</u>		14. NAME OF HUSBAND OR WIFE <u>Geraldine Foster</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		16. SOCIAL SECURITY NO. <u>WW 1</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Geraldine Foster - 2219 1/2 Franklin</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u>		ANTECEDENT CAUSES					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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.					
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) _____ (Min) _____		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>490X</u>			
22. I hereby certify that I attended the deceased from <u>Dec. 18</u> , 19 <u>52</u> , to <u>Dec 24</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>12-24</u> , 19 <u>52</u> , and that death occurred at <u>4 a</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Walter A. Young MD</u>		(Degree or title) _____		23b. ADDRESS <u>2337 Market St. St. Louis Mo</u>		23c. DATE SIGNED _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Dec. 31 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>DEC 30 1952</u>		REGISTRAR'S SIGNATURE <u>Charles Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>English Und. Co. - 1123 N. Taylor</u>			

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Andrew Richardson

Licensed Embalmer No.

4858

P. O. Address

2625 Glasgow

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.