

BIRTH NO. 5896-55 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 187

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS COUNTY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST LOUIS COUNTY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLAYTON MO.</u>		c. CITY OR TOWN <u>WEBSTER GROVES</u>	
c. LENGTH OF STAY (in this place) <u>16 days</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST LOUIS COUNTY Hospital</u>		STREET ADDRESS (If rural, give location) <u>926 N. ELM AVE</u> <u>4007</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Dennis</u>	b. (Middle) <u>JR</u>	c. (Last) <u>Foster</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 24, 1955</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NONE</u>	8. DATE OF BIRTH <u>JANUARY 8 - 1935</u>	9. AGE (In years last birthday) <u>16</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ST LOUIS COUNTY Hosp</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>unknown</u>	13b. MOTHER'S MAIDEN NAME <u>EDITH JUNE FOSTER</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Edith June Foster</u>	ADDRESS <u>926 N. Elm</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Aspiration</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prematurity</u> 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 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?
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22. I hereby certify that I attended the deceased from 1-8, 1955, to 1-24, 1955, that I last saw the deceased alive on 1-24, 1955, and that death occurred at 12:06 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>R. N. Vanduyne</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>601 S. Brentwood Clayton</u>	23c. DATE SIGNED <u>1-24-55</u>
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 26/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Peters Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kirkwood Mo</u>
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DATE REC'D BY LOCAL REG <u>1-26-55</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donke MD</u>	25. VITALS DIRECTOR'S SIGNATURE <u>Theodore G. Gaudel</u>	ADDRESS <u>130 E. Chicago</u>
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WRITE PLAINLY—USING UNFADEING 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.....
Signature of Student Embalmer

Signed *Headache J. Gaud*.....

Licensed Embalmer No. *42*

P. O. Address *138 Eldridge St. Astoria, Ore.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.