

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9582**
2989

FILED APR 14 1955

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

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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 MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. CITY OR TOWN ST. LOUIS	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION D.O.A. CITY-HOSPITAL		STREET ADDRESS (If rural, give location) 4538 SHENANDOAH	
3. NAME OF DECEASED (Type or Print) a. (First) LAWRENCE J. b. (Middle) c. (Last) FOSTER		4. DATE OF DEATH (Month) (Day) (Year) MAR. 30 1955	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT. 20 1926
9. AGE (In years last birthday) 28		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CERTIFIED PUBLIC ACCT	11. BIRTHPLACE (City and State or Foreign Country) MISSOURI
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY ERNST-ERNST	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME LAWRENCE FOSTER		13b. MOTHER'S MAIDEN NAME ETHEL SCOTT	14. NAME OF HUSBAND OR WIFE BEVERLY FOSTER
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. 497-20-626	
17. INFORMANT'S SIGNATURE OR NAME BEVERLY FOSTER		ADDRESS 4538 SHENANDOAH	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES DUE TO (b) Rheumatic Heart Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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"/>			
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)		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 Jan. 14 , 19 44 to Mar. 28 , 19 55 , that I last saw the deceased alive on Mar. 28 , 19 55 , and that death occurred at 3P: m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Charles H. Neuberger M.D.		23b. ADDRESS 3109 S. Grand Blvd.	
23c. DATE SIGNED 3/31/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE APRIL 2 1955	
24c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEM.		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO	
DATE REC'D BY LOCAL REG. APR 4 1955		25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutis ADDRESS 2906 Travis	

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 *Prof. Budde*
Licensed Embalmer No. *394*
P. O. Address *St. Louis,*

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.