

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

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

FILED MAR 26 1956

State File No. **10715**

**318**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. **1003** Registrar's No. **2101**

<b>1. PLACE OF DEATH</b> a. COUNTY _____  b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>ST. LOUIS</b> township) _____  c. LENGTH OF STAY (In this place) _____  d. FULL NAME OF HOSPITAL OR INSTITUTION <b>DEPAUL HOSP.</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before "admission"). a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS CO.</b>  c. CITY OR TOWN <b>ST. LOUIS CO</b> <sup>4000</sup>  d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>  e. STREET ADDRESS (If rural, give location) <b>9815 MEDFORD DRIVE</b>	
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<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>THOMAS</b> b. (Middle) <b>A.</b> c. (Last) <b>FOSTER</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>2-25-1956</b>
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<b>5. SEX</b> <b>MALE</b>	<b>6. COLOR OR RACE</b> <b>WHITE</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, OR SEPARATED</b> <b>MARRIED</b>	<b>8. DATE OF BIRTH</b> <b>3-30-1920</b>	<b>9. AGE</b> (In years last birthday) <b>35</b> IF UNDER 1 YEAR: Months <b>10</b> Days <b>25</b> IF UNDER 24 HRS.: Hours _____ Min. _____	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>TOPEKA KANSAS</b>	<b>12. CITIZENSHIP</b> <b>USA.</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life even if retired) <b>SALESMAN.</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>SEARS ROBUCK</b>				

<b>13a. FATHER'S NAME</b> <b>ANDREW FOSTER</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>MAUD. PARTRIDGE</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>LOUISE RECHTIEN FOSTER</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, No, or unknown) (If Yes, give year or date of service) <b>Yes</b>	<b>16. SOCIAL SECURITY</b> <b>452-10-9852</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Louise Foster</b>	<b>ADDRESS</b> <b>9815 Medford Dr.</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)</b> <b>Myocardial infarction</b>  <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>Myocardial Infarction</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>1 mo</b>
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<b>19a. DATE OF OPERATION</b> <b>2/6/56</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>Myocardial infarction &amp; intracerebral clot</b>		<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>3304</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> _____

**22. I hereby certify that I attended the deceased from 2/3, 1956, to 2/25, 1956, that I last saw the deceased alive on 2/25, 1956, and that death occurred at 7:30 P.M., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>L. A. Amocue M.D.</b>	<b>23b. ADDRESS</b> <b>Beaumont Bldg.</b>	<b>23c. DATE SIGNED</b> <b>2-27-56</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b>	<b>24b. DATE</b> <b>2-29-1956</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>NATIONAL CEM.</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>ST. LOUIS MO</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>FEB 28 1956</b>	<b>REGISTRAR'S SIGNATURE</b> <b>J. Carl Smith M.D.</b>	<b>FUNERAL DIRECTOR'S SIGNATURE</b> <b>Wm. Bernhardt</b>	<b>ADDRESS</b> <b>3819 So Grand Blvd</b>
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**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 *George J. Angermund*.....  
Licensed Embalmer No. *46*.....

P. O. Address *Blau 18*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.