

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28386  
7271

FILED SEP 6 1956

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

1. PLACE OF DEATH  
a. COUNTY Mo. 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) St. Louis c. LENGTH OF STAY (In this place) Life  
c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Infirmery e. STREET ADDRESS (If rural, give location) 1720 Love Joy Lane.

3. NAME OF DECEASED a. (First) Arthur b. (Middle) B. c. (Last) Foster 4. DATE OF DEATH (Month) (Day) (Year) Aug, 4, 1956

5. SEX Male 6. COLOR OR RACE Col. 7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH July 4, 1908 9. AGE (In years last birthday) 48 10. MONTHS 1 11. DAYS 0 12. HOURS & MIN. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Elevator Operator 10b. KIND OF BUSINESS OR INDUSTRY Francis Ruth Realty Co. 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. 12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME Matthew Foster 13b. MOTHER'S MAIDEN NAME Maud Smith 14. NAME OF HUSBAND OR WIFE Minnie 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. 493-01-8012 17. INFORMANT'S SIGNATURE AND ADDRESS Minnie Foster 1720 Love Joy Lane.

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) Cerebral Hemorrhage 1 day  
ANTECEDENT CAUSES Hypertensive Cardiovascular 3 mos  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cor Disease  
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 443X 20. AUTOPSY? YES  NO

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 (Month) (Day) (Year) (Hour) OF INJURY 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from 5-8-1956, to 8-4-1956, that I last saw the deceased alive on 8-4-1956, and that death occurred at 1 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Pearl M. Smith 23b. ADDRESS 4069 1/2 Easton Ave 23c. DATE SIGNED 8-5-56

24a. BURIAL, CREMATION, REMOVAL Removal 24b. DATE Aug, 9, 1956 24c. NAME OF CEMETERY OR CREMATORY Washington Park Cem. 24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.

DATE REC'D BY LOCAL REG. AUG 6 1956 REGISTRAR'S SIGNATURE J. Carl Smith and 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Wright Funeral Home 3100 Easton Ave.

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 .....,  
Signature of Student Embalmer

Signed *Arthur L. Hollister*

Licensed Embalmer No. *4221*

P. O. Address *4107 Juma*

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.