

FILED SEP 7 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28385
7747
State File No.
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
b. CITY OR TOWN <u>St. Louis</u>		a. STATE <u>Mo.</u>	b. COUNTY <u>St. Louis</u>
c. LENGTH OF STAY (in this place) <u>10-wks.</u>		c. CITY OR TOWN <u>Creve Coeur 1</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DePaul Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>Route # 1 Babler & Conway Rds.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Harry</u>	b. (Middle) <u>B.</u>	c. (Last) <u>Fosterman</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>Aug. 18, 1956</u>		
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W.</u>	8. DATE OF BIRTH <u>Aug. 21, 1887</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 4 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Mgr. Beef Dept. Independt Packing</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>D. P. D. Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>Henry A. Fosterman</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Meis</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Edna Fosterman</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Leo T. Fosterman, 7730 Lansdowne Ave.</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 wks</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		
* ANTECEDENT CAUSES		DUE TO (b) <u>Gastritis - Peritoneal ulcer</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Also Ca of peritoneal c spinal m</u>	
II. OTHER SIGNIFICANT CONDITIONS		<u>metastasis</u>	
Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>June 16, 1956</u>	19b. MAJOR FINDINGS OF OPERATION <u>Peritoneal ulcer - chronic</u>	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) <u>177x</u>
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 June 10, 1956 to Aug 18, 1956, that I last saw the deceased alive on Aug 18, 1956, and that death occurred at 4:50 PM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Henry G. Hassett M.D.</u>	23b. ADDRESS <u>607. N. Grand St. St. Louis</u>	23c. DATE SIGNED <u>Aug 21</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug. 22, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>		

DATE REC'D BY LOCAL REG. <u>AUG 21 1956</u>	REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Arthur J. Donnell 810 Lindell Blvd.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*General
Seward D. Lewis*

OCT 8
1958

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.....
Wm. S. Hayden

Licensed Embalmer No. *4699*

P. O. Address *3840 Linden*

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.