

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015061
State File No.

FILED MAY 12 1958

BIRTH NO. _____ REG. DIST. NO. 228 PRIMARY REG. DIST. NO. 5888 Registrar's No. 85

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural. Bear Creek</u>		c. LENGTH OF STAY (in this place)	c. CITY <u>St. Louis</u> <u>2039</u> OR TOWN <u>0</u>
d. FULL NAME (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		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) <u>3542 Jamieson</u>	

3. NAME OF DECEASED a. (First) <u>Dolores</u> b. (Middle) <u>Charlotte</u> c. (Last) <u>Foster.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May</u> <u>3-</u> <u>1958</u>	
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>9-30-33.</u>	9. AGE (in years last birthday) <u>24</u>	IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR Days _____	IF UNDER 1 HR. Hours _____	Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>St, Louis Mo.</u>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <u>James Foster</u>	13b. MOTHER'S MAIDEN NAME <u>Lucille De Wolfe</u>	14. NAME OF HUSBAND OR WIFE
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Luiclle Krepps</u> ADDRESS <u>3542 Jamieson</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, asthma, 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>Brain Concussion & Broken Neck.</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>High Way 40</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>070</u> (COUNTY) <u>Bear Creek Township, Montgomery</u> (STATE) <u>Mo.</u>
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21d. TIME OF INJURY <u>7:11</u> <u>3</u> <u>1958</u> <u>11:30</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Auto turned over throwing her out Against Post</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>F. J. Ball</u> (Degree or title) <u>Coroner</u> <u>3</u>	23b. ADDRESS <u>Jonesburg, Missouri.</u>	23c. DATE SIGNED <u>5-3-58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>buried</u>	24b. DATE <u>5-3-58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunset</u>	24d. LOCATION (City, town, or county) (State) <u>St Louis</u> <u>Mo</u>
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DATE REC'D BY LOCAL REG. <u>5-3-58</u>	REGISTRAR'S SIGNATURE <u>Laura B Callaway</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>L. A. Harding</u> ADDRESS <u>Jonesburg Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

0700

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

500

MAY 16 1958

MAY 29 1958

MAY 28 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.....
Carl Hedberg

Licensed Embalmer No. *411*

P. O. Address *Jonesburg*

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.