

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAR 25 1960

60-012586

2-2792

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Length of stay in 1b	c. CITY OR TOWN <i>St. Louis</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>2736 Henrietta St.</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>2736 Henrietta St.</i>
		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <i>James</i> Middle <i>Louis</i> Last <i>Foster</i>			4. DATE OF DEATH Month <i>MAR</i> Day <i>8</i> Year <i>1960</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>Oct. 4, 1937</i>	9. AGE (last birthday) <i>22</i>	IF UNDER 1 YEAR Months <i>8</i> Days <i>28</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Neenah, Wisconsin</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	

13a. FATHER'S NAME <i>Louis Foster</i>		13b. MOTHER'S MAIDEN NAME <i>Eulalia Aberneth</i>		14. NAME OF HUSBAND OR WIFE <i>Marilyn Foster</i>	
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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) <i>yes 2nd world war</i>	16. SOCIAL SECURITY NO. <i>491-38-4871</i>	17. INFORMANT <i>Mrs. Eulalia Foster</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.		
DUE TO (b) <i>Gunshot wound producing a large hemorrhage in left thoracic and abdominal cavity</i>		
DUE TO (c) <i>976x</i>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>Self inflicted in home</i>
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20c. TIME OF INJURY Hour <i>3:30</i> s.m. <i>6</i> p.m. Month, Day, Year <i>March 8 1960</i>

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>	20f. CITY, TOWN, OR LOCATION <i>St. Louis</i>	COUNTY <i>Mo.</i>	STATE
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <i>205</i> _____ m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <i>Patrick P. Taylor Coroner</i>	22b. ADDRESS <i>1300 Clark</i>	22c. DATE SIGNED <i>3.10.60</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	23b. DATE <i>3/10/60</i>	23c. NAME OF CEMETERY OR CREMATORY <i>St. Matthew Cem</i>
23d. LOCATION (City, town, or county) <i>St. Louis</i>	(State) <i>Mo.</i>	

24. FUNERAL DIRECTOR <i>Bull-Campbell mortuary</i>	ADDRESS <i>5165 Delmar</i>	25. DATE RECD. BY LOCAL REG. <i>MAR 10 1960</i>	26. REGISTRAR'S SIGNATURE <i>Earl Smith M.D.</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 25 1961

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 Elton P. Buehler

Licensed Embalmer No. 4283

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.