

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-008615
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **1375**

FILED FEB 19 1963

VS 300
Rev. 4/59

1
2 **210**
3
4 **2**
5 **3**
6
7 **0**
8 **1**
9
10
11
1292-3
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. Louis | | c. CITY OR TOWN ST. Louis | |
| Length of stay in 1b | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. Homer G. Phillips | | d. STREET ADDRESS (If outside, give location) 3033 Lambdin St. | |
| Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last Theodore Foster | | | 4. DATE OF DEATH Month Day Year 2 5 63 |
| 5. SEX Male | 6. COLOR OR RACE Negro | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> | 8. DATE OF BIRTH May 20, 1941 |
| 9. AGE (last birthday) 21 | | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Common labor | | 10b. KIND OF BUSINESS OR INDUSTRY Com. labor | 11. BIRTHPLACE (City and state or country) St. Louis MO. |
| 12. CITIZEN OF WHAT COUNTRY U.S.A. | | 13a. FATHER'S NAME Unknown | |
| 13b. MOTHER'S MAIDEN NAME Alzora Bramlett | | 14. NAME OF HUSBAND OR WIFE None | |
| 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. no | |
| 17. INFORMANT Alzora Foster 3033 Lambdin st. | | Address | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) | | | INTERVAL BETWEEN ONSET AND DEATH |
| <p><i>Hammerhead into the Thoracic Cavity was a result of being propelled by bullet suffered when shot with .45 in hands of one Clinton Magnum during holdup at Street 1425 N. Vandeventer about 8:00 PM Feb. 5-1963</i></p> | | | |
| 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 |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 981X Seculove | |
| 20c. TIME OF INJURY Hour 8:00 p.m. 2-5-63 | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 11 STORE | 20f. CITY, TOWN, OR LOCATION St Louis |
| 20g. COUNTY MO | | 20h. STATE MO | |
| 21. I attended the deceased from 840 to her and last saw him alive on m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <i>Clinton Magnum Deputy</i> | | 22b. ADDRESS 1300 Clark | 22c. DATE SIGNED 2-8-63 |
| 23a. BURIAL / CREMATION, REMOVAL (Specify) Burial | 23b. DATE 2-11-63 | 23c. NAME OF CEMETERY OR CREMATORY Father Dixon Cem | 23d. LOCATION (City, town, or county) (State) Kirkwood MO. |
| 24. FUNERAL DIRECTOR A.H. Burks | | 25. DATE RECD. BY LOCAL REG. FEB 8 1963 | 26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.O.</i> |
| ADDRESS 3901 Ashland ave | | | |

USE BLACK INK OR TYPEWRITER RIBBON

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 Leroy W. Bonmeister

Licensed Embalmer No. 4523

P. O. Address 4257 Washington

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.