

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

JUN 29 1937

1. PLACE OF DEATH

County St. Louis
Township Central
City Central (No. 7626 NATURAL BRIDGE St. 1 Ward 1)

Registration District No. 789
Primary Registration District No. 6033

File No. 21315
Registered No. 145

2. FULL NAME

Frances Foster
(a) Residence, No. 7626 NATURAL BRIDGE St. 1 Ward 1
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>WIDOWED</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>FOSTER</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>MARCH 7 - 1847</u>				
7. AGE	YEARS <u>90</u>	MONTHS <u>2</u>	DAYS <u>17</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)			
				11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. CHARLES COUNTY MO.

13. NAME SCHNEVIEND

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT ALBERT H. HOPPE (ADDRESS) 4111 LINDELL BLVD

18. BURIAL, CREMATION, OR REMOVAL PLACE BETHANY CEMETERY DATE MAY 26 1937

19. UNDERTAKER ALBERT H. HOPPE INC (ADDRESS) 4111 LINDELL BLVD.

20. FILED 5-25-37 W. Baehner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27 1937

22. I HEREBY CERTIFY, That I attended deceased from April 20 1937 to May 29 1937. I last saw her alive on May 23 1937. Death is said to have occurred on the date stated above, at 49 m. The principal cause of death and related causes of importance were as follows:

Acute Myocarditis

Other contributory causes of importance:

Chr. Myocarditis
Chr. Nephritis
Obesity

Name of operation None Date of

What test confirmed diagnosis? physical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. H. G. Guss M. D.
(Address) 340 Bernhardt Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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