

OCT 14 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH **791**

32250
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **1003**
(b) Township..... Primary Registration District No.....
(c) City **St. Louis** (d) Street No. **3917 Sullivan Ave.** Registered No. **8304** St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Mary Meis Fosterman**

(a) Residence, No. **3917 Sullivan Ave.** St. **10** (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Henry A. Fosterman**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug. 4, 1865**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 72 0 27
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **At Home**
9. Industry or business in which work was done, as 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) **Germany**

FATHER 13. NAME **Basilius Meis**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

MOTHER 15. MAIDEN NAME **Barbara Kessler**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **Mr. Leo T. Fosterman** (ADDRESS) **3917 Sullivan Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cem.** DATE **Sept. 4, 1937**

19. FUNERAL DIRECTOR **Arthur J. Donnelly Undt.** (ADDRESS) **3840 Lindell Blvd.**

20. FILES **SEP 3 1937** **J. Predeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 1, 1937** 19

22. I HEREBY CERTIFY, That I attended deceased from **Aug 23**, 19**37**, to **Sept 1**, 19**37**
I last saw him alive on **Aug 1**, 19**37**. Death is said to have occurred on the date stated above, at **8:15** A.M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset
Hypertension
Auricular Fibrillation

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
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?.....
If so, specify **L. H. Kumpshorn** M.D.
(Signed) **L. H. Kumpshorn**
(Address) **203 Beaumont Bldg**

WHITE PLAINLY WITH UNBOARDING INK---THIS IS A PERMANENT RECORD

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.

STATEMENT BY LICENSED EMBALMER

I, W.H. Van Matre, Licensed Embalmer No. 2825

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed W.H. Van Matre

Licensed Embalmer No. 2825

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.)