DEC 28 1937

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

Do not use this space.

42444

1. PLACE OF DEATH
County St. Louis — Registration District No. 790 — File No.
Township ~~Clayton~~ — Primary Registration District No. 60339 — Registered No. 421
City Clayton (No. St Louis Co Hospital St. Ward)

2. FULL NAME Marjorie Foster
(a) Residence, No. 6434 Suburban, Wellston, Mo. Ward.
(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: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Wm Foster

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 8-12-1863

7. AGE: YEARS 73 — MONTHS 2 — DAYS 30 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil.
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): Mo.

FATHER
13. NAME: Sam Clark
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn.

MOTHER
15. MAIDEN NAME: Arbella Cleveland
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

17. INFORMANT (ADDRESS): Mr. Davis Foster, 6434 Suburban Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mohane, Missouri DATE Nov. 12, 1937

19. UNDERTAKER (ADDRESS): Geo. L. Pleitsch Inc. 5966 Easton Ave.

20. FILED 11/14, 1937 Dr. A. J. Signorelli, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11-11-37, 19

22. I HEREBY CERTIFY, That I attended deceased from 11-7-37, 19, to 11-11-37, 19
I last saw her alive on 11-11-37, 19. Death is said to have occurred on the date stated above, at 12:50 p.m.
The principal cause of death and related causes of importance were as follows:

Chr. Myocarditis
Diabetes Mellitus

Date of onset

Other contributory causes of importance:
Adenomatous Goitre

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
(Signed) [signature] M. D.
(Address) St. Louis County Hosp.

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

I X9314