REC'D MAR 24 1938

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

8097
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis — Registration District No. 96
(b) Township J. ~~Clayton~~ — Primary Registration District No. — Registered No. 382
(c) City Clayton (d) Street No. St. Louis County Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 Virginia Foster 236
(a) Residence, No. 9381 Golden Gate Drive St.
(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 M. M. Foster

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 19, 1899.

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
39	2	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) St. Louis (STATE OR COUNTRY) Missouri

FATHER
13. NAME Thomas Daniel Burns
14. BIRTHPLACE (CITY OR TOWN) Buffalo (STATE OR COUNTRY) New York

MOTHER
15. MAIDEN NAME Martha Ellen Stephenson
16. BIRTHPLACE (CITY OR TOWN) St. Louis County (STATE OR COUNTRY) Missouri

17. INFORMANT M. M. Foster
(ADDRESS) 9381 Golden Gate Drive

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill Cemetery DATE March 2, 1938

19. FUNERAL DIRECTOR Jay B. Smith Funeral Home
(ADDRESS) 7456 Manchester Ave, Maplewood, Mo.

20. FILED 3-1, 1938 T. R. Meyer M.D., Dr. P.H.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-22-38, 19..., to 2-27-38, 19...
I last saw her alive on 2-27-38, 19..., 2:40 p.m. Death is said to have occurred on the date stated above, at ... p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia Right Lower + Middle lobe	2/18/38
Other contributory causes of importance:	
Chr. Myocarditis	1937

Name of operation None Date of
What test confirmed diagnosis None Was there an autopsy? Yes

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? No
If so, specify
(Signed) [illegible], M. D.
(Address) St. Louis County Hospital

(Licensed Embalmer's Statement on Reverse Side)

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, Howard A. Rowland, Licensed Embalmer No. 3114

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

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Howard A. Rowland

Licensed Embalmer No. 3114

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)