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

Do not use this space.

File No. 42912
Registered No. 12182

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 7102
City St. Louis (No. 4559 Red Bud St. ..... Ward)

2. FULL NAME Minnie L. Forsyth

(a) Residence. No. 4559 Red Bud Ave. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF David L. Forsyth

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 8, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	9	9	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Cit. Home 540 D 920 C
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Edward Fitzeberg
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Elizabeth K. Gasterman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

14. INFORMANT Duncan Forsyth
(Address) 4559 Red Bud Ave.

15. FILED ..... 19 ..... Mary C. Stanley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 12 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1928, to Dec 12, 1928, that I last saw h. alive on Dec 12 9:30 A.M., 1928, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
Grad (duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Brain Tumor
Benign (duration) ..... yrs. 2 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED .....
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical Examination
(Signed) Francis J. Medlen, M. D.
, 19 (Address) Union Arch Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bellefontaine — DATE OF BURIAL Dec. 15 1928

20. UNDERTAKER Walsh Kennard & Son — ADDRESS 2161 E. Fair 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.

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