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

Do not use this space.

15855

1. PLACE OF DEATH
County St. Louis — Registration District No. 789
Township Central — Primary Registration District No. 6033B
City ..... (No. 6735a Page Ave St. ..... Ward)
File No. .....
Registered No. 108

2. FULL NAME HATTIE FORSING
(a) Residence. No. 6735a Page Ave St., ... 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Forsing

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 27 1864

7. AGE Years 64 Months 9 Days 18 14 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(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 Frank Huber
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Unknown

14. INFORMANT George Forsing
(Address) 6735a Page

15. FILED 4/13, 1929 Rolla Bracy M.D. REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 11 1929

17. I HEREBY CERTIFY, That I attended deceased from July - 1929, 1929, to 4 - 11, 1929 that I last saw h. ct alive on 4 - 11 - 29 1929, and that death occurred, on the date stated above, at 6 45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
1) Inanition
2) Cerebral sclerosis
3) Senile gangrene of foot rt.
(duration) yrs. 10 mos. ds.

CONTRIBUTORY (SECONDARY) 840
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Home
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical findings
(Signed) J. J. Hammond M. D
4/12, 1929 (Address) Beaumont 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 S.S. Peter & Paul
DATE OF BURIAL Apr 15 1929

20. UNDERTAKER Stroot & Carroll
ADDRESS 4600 Natural Bridge

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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