

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1008**
City **St. Louis** (No. **St. Johns Hospital**)
St. Ward) **Richmond Heights**

File No. **33033**
Registered No. **9914**

2. FULL NAME

Martina Wolf Forkner

(a) Residence, No. **7210 Delta** St., **12** Ward.

Richmond Heights
(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 **Earl H. Forkner**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **12-23-1880**
7. AGE YEARS **50** MONTHS **8** DAYS **29** If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **House wife**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **at home**
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) **Joliet Ill**

13. NAME **Fred G Wolf**

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

15. MAIDEN NAME **Schmidt**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Hiddleburg Virginia**

17. INFORMANT (ADDRESS) **Earl H. Forkner 7210 Delta St**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Joliet Ill** DATE **Sept 23 1931**

19. UNDERTAKER (ADDRESS) **Alexander & Sons 6175 Delmar**

20. FILED **SEP 23 1931** **Wm C Hawley** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 22 1931**

22. I HEREBY CERTIFY, That I attended deceased from **July 3, 1927**, to **Sept 22, 1931**. I last saw him alive on **Sept 22, 1931**. Death is said to have occurred on the date stated above, at **9 P.M.** The principal cause of death and related causes of importance were as follows:

Hypertension
Cerebral thrombosis
820
Other contributory causes of importance: **Hypostatic (Pneumonia)**

Date of onset **7-3-27**
7-9-29
9-20-31

Name of operation..... Date of.....
What test confirmed diagnosis? **Autopsy** Was there an autopsy? **no**

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) **Henry Capron** M. D. (Address) **517 Blainwood Bldg**

