

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

NOV 15 1937

36485
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City **St. Louis, Mo.** (d) Street No. **3451 Louisiana Ave.** Registered No. **10062**
(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

Edward E. Fortel
 (a) Residence, No. **3451 Louisiana Ave.** St. **16**
(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 Male	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 Mary J. Fortel		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 19, 1866		
7. AGE 71	YEARS 8	MONTHS 8
		DAYS 8
		IF LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman		
9. Industry or business in which work was done, as saw mill, bank, etc. Printing American Type		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

NO MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10/27/37** 19
 22. I HEREBY CERTIFY, That I attended deceased from 19....., to..... 19.....
 I last saw him..... alive on..... 19..... Death is said to have occurred on the date stated above, at..... **2.00 P. M.**
 The principal cause of death and related causes of importance were as follows:

Strangulation due to hanging by rope from joist, in the basement of his home, 3451 Louisiana Ave., on Oct. 27, 1937 at about 6:47 P.M.

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**

FATHER 13. NAME **Louis J. Fortel**

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

MOTHER 15. MAIDEN NAME **Heloise Chicard**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **France**

17. INFORMANT, (ADDRESS) **Mary J. Fortel 3451 Louisiana**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New Pickers** DATE **10/30/37**

19. FUNERAL DIRECTOR (ADDRESS) **Edith E. Ambuster 4234 Manchester**

20. F. **Oct 29 1937** **J. Bredeck** Local Registrar.

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

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide **Suicide** Date of injury **10/27/1937**
 Where did injury occur? **St. Louis, Mo.**
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
In Home.

Manner of injury..... **See Above**
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **No**
 If so, specify.....
 (Signed) **Joseph M. Dyer** M.D.
 (Address) **County Corner**

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

669
 OCCUPATION
 FATHER
 MOTHER

STATEMENT BY LICENSED EMBALMER

I, Florenz Eynck Licensed Embalmer No. 1284

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

 L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed

Florenz Eynck

Licensed Embalmer No. 1284

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