DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31036

Registration District No. 1003 — REC'D OCT 14 1939 — 791

Primary Registration District No.

Registrar's No. 8099

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Christian Hosp (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Day (Specify whether years, months or days)

In this community 24 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 8

(d) Street No. 716 Baden Av (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Catherine Fosberg 216

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John Fosberg

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct. (Month) 13 (Day) 1872 (Year)

8. AGE: Years 66 | Months 11 | Days 7 | If less than one day hr. min.

9. Birthplace St. Charles Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation House Wife 6

11. Industry or business 6

FATHER
12. Name Max. Reichert
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Otten
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Louise Moeller

(b) Address 8033 Friedrich St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 21 1939 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cem. St. Charles Mo.

18. (a) Signature of funeral director Diedrich Funeral Home

(b) Address 8319 Halls Ferry Rd.

19. (a) SEP 20 1939 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month S Sept. day 18 year 1939 hour 2 minute 45 p. M.

21. I hereby certify that I attended the deceased from 12-2-37 ~~9-18~~, 19 , to 9-18, 1939 that I last saw her alive on 9-16, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death Bowel obstruction — Duration

Due to Ading carcinoma of stomach + Generalized

Due to Metastasis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Ca of stomach Primary Ca of Rectum

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature W P Hamilton (M. D. or other)

Address 8363 Halls Ferry Date signed 9-20-39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 I X19511

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Guy W Wilkinson

Licensed Embalmer No. 3575

P. O. Address St Louis Mo

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.)

If this body is not embalmed, above space should be left blank.