

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **1155**

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Firmin Desloge Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether

In this community _____
years, months or days

3. (a) PRINT FULL NAME FORSTNER, Walter

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Dec. 7 1892
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>47</u>	<u>1</u>	<u>26</u>	hr. <u>6</u> min.

9. Birthplace Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Electrician

11. Industry or business _____

12. Name Wolfgang Forster

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Magdalena Schreiber

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Forster

(b) Address 707 N. 6th St

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof Feb. 5-40
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery
Cullinane Bros.

18. (a) Signature of funeral director _____

(b) Address 1710 N. Grand Blvd.

19. (a) FEB 5 1940
(Date received local registrar)

(b) Signature _____
(Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 3854 Labadie Ave.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 2
year 1940 hour 7 minute 10 P. M.

21. I hereby certify that I attended the deceased from 10-29
1930, to 2-2, 1940
that I last saw h. / m. alive on 2-2-1940, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral Pneumonia

Due to Renal Stones
neurogenic Bladder (Tuberc)

Due to Syphilis of
Central Nervous system
General Paralysis

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: none of 3

Of operations: _____

Of autopsy: Bilateral Pneumonia
Renal Stones
General Paralysis

Duration

undetermined

undetermined

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) no

(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? _____

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature J. D. Brown (M. D. or other) _____

Address _____ Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

2
0-39
-39
21492

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

Fred Frick

Licensed Embalmer No.

3186 -

P. O. Address

St. Louis, Mo

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

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