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21492

Registration District No. 791

Primary Registration District No. 1003

FILED DEC 11 1940

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:
St. John's 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis 15
(If outside city or town limits, write "RURAL")
(d) Street No. 4715 Wilcox
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

8. (a) PRINT FULL NAME Joseph J. Foristel
8. (b) If veteran, name war none 8. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Mar.
6. (b) Name of husband or wife Johanna Foristel 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased January 5, 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 10 10 hr. _____ min.

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

10. Usual occupation none

11. Industry or business _____
12. Name James Foristel
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Jeanette Zimmerly
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Johanna Foristel
(b) Address 4715 Wilcox
17. (a) Burial (b) Date thereof 11-18-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation N.S.S. Peter + Paul

18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 S. Grand
19. (a) NOV 16 1940 (b) J.F. Rudbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 15
year 40 hour 10 minute 2 A.M.

21. I hereby certify that I attended the deceased from Nov. 10 to Nov 15, 1940,
that I last saw him alive on Nov 15, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Embolus
Due to Chronic Pleurisy (Subsegmental)
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy Same as Clinical

Duration _____
PHYSICIAN _____
Underlines 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? _____

While at work? _____ (Specify type of place) _____
Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address 427 Metropolitan Date signed Nov 18

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

MOTHER FATHER

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 Virgil L. Berryman

Licensed Embalmer No. 4018

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.