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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37250

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 9523

FILED DEC 11 1940

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

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: 3987 Sarpy Ave.
(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 18
(If outside city or town limits, write "RURAL")

(d) Street No. 3987 Sarpy Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Henry (Harry) Forster

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Late Jane Forster

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

7. Birth date of deceased Feb. (Month) 25th (Day) 1864 (Year)

8. AGE: Years 76 | Months 8 | Days 25 | If less than one day hr. min.

9. Birthplace (City, town, or county) England (State or foreign country) 4

10. Usual occupation Stone Mason 4

11. Industry or business retired 20 Yrs. 4

FATHER
12. Name Unknown Forster
13. Birthplace (City, town, or county) England (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) England (State or foreign country)

16. (a) Informant Jeanette Schaefer
(b) Address 3987 Sarpy Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-22-40 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.

19. (a) NOV 20 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 19th year 1940 hour 9:10 minute A.M. M.

21. I hereby certify that I attended the deceased from July 1st July 1st, 1939, to Nov. 19th, 1940 that I last saw him alive on Nov. 18th, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis Chronic	2
Due to	
Due to	
Other conditions Hypertension, Coronary Artery disease (Include pregnancy within 3 months of death)	?

Major findings:
Of operations
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 H. A. Steinman (M. D. or other)
Address 5428a Magnolia Date signed 11/19/40

(Licensed Embalmer's Statement on Reverse Side)

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 Edwin S M Dermott

Licensed Embalmer No. 3024

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.