

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

43939

State File No. _____

JAN 8 1947 84
Registration District No. _____

Primary Registration District No. 20

Registrar's No. 2428

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Wellston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
8016 St. Charles Rock Road.
(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

3. (a) PRINT FULL NAME FRANK F. FOERSTERLING.

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. Married

6. (b) Name of husband or wife Ilga Foersterling. 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased December 24, 1865.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 1 hr. _____ min.

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

10. Usual occupation Contractor & Builder.

11. Industry or business _____

12. Name William Foersterling.

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

14. Maiden name Johana Hewig.

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

16. (a) Informant Mrs. H. F. Foersterling.

(b) Address 8016 St. Charles Rock Road.

17. (a) Burial (b) Date thereof 12-28-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.
(b) Address 5966-68 Easton Ave.

19. (a) DEC 26 1940 (b) T. J. Meyer
(Date received local registrar's certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Wellston
(If outside city or town limits, write "RURAL")
(d) Street No. 8016 St. Charles Roak Road.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? Life years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 25th.
year 1940 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from DEC 23
1940, to DEC 25, 1940
that I last saw him alive on DEC 23, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death CARCINOMA OF RECTUM 8 M.O
Duration _____

Due to _____
Due to _____

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

Major findings: Of operations 46
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? _____

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

23. Signature C. E. STERLING (M. D. or other) MD
Address 2050 No. 9th St. Date signed 12-26-40
ST. LOUIS, MO

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

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Dr. C. E. Sterling.
2050 N & S Road.
Telephone Winfield 1751.

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 _____

Leonard W. Kaeger, Registered Apprentice No. _____
working under my personal supervision.

Signed *Leonard W. Kaeger*
Licensed Embalmer No. *22678*

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.