

JAN 24 1942 791
Registration District No.

Primary Registration District No. 1003

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:
City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days) **30 yrs.**

3. (a) PRINT FULL NAME **Dorothy H. Forster**

3. (b) If veteran, name war..... **None**
3. (c) Social Security No. **None**

4. Sex **F.** / 5. Color or race **W.**
6. (a) **Single, widowed, married, divorced, Widowed.**

6. (b) Name of husband or wife..... **Frank Forster.**
6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **May 3, 1882**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 7 5 hr. min.

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

10. Usual occupation **At Home**

11. Industry or business

12. Name **John Gallagher**

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

14. Maiden name **Elizabeth Kriebel**

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

16. (a) Informant **Mrs. Anita Barton**

(b) Address **Casper, Wyoming**

17. (a) **Removal** (b) Date thereof **12-10-1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ma comb, Ill.**

18. (a) Signature of funeral director **Arthur J. Donnelly**

(b) Address **3840 Lindell Blvd.**

19. (a) **DEC 10 1941** (b) **J. F. Brebeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Mo.** (b) County.....
(c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4341 Washington Blvd.**
(If rural, give location)
(e) Citizen of foreign country?.....
(Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **8**
year **1941** hour **6** minute **30 AM.**

21. I hereby certify that I attended the deceased from **Dec. 8** 1941 to **Dec 8** 1941
that I last saw him alive on **Dec 8** 1941
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Cerebral Hemorrhage**
Duration **3 hours**

Due to **Hypertension - Known for 10 years**
Due to **BP 220 / 140**

Other conditions (Include pregnancy within 3 months of death)
Hypertensive Heart Disease

Major findings: Of operations **None**
Of autopsy **None**
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 **Leo Sottlieb** (M. D. or other) **MD**
Address **609 N Grand** Date signed.....

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

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Dr. Gottlieb
Community Club

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Ludell

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, fact should be so stated above.