

S. No. 2
M-5-42
7-5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35378
State File No. _____
Registrar's No. 9330

FILED NOV 16 1942
Registration District No. 318

Primary Registration District No. 1003

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:
3912 VEST AVE 1
(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 CATHERINE E. FORST
(b) If veteran, name war _____
(c) Social Security No. _____

4. Sex F 5. Color or race W
(a) Single widowed, married, divorced 2
(b) Name of husband or wife ALOYS FORST
(c) Age of husband or wife if alive _____ years
7. Birth date of deceased JANUARY 28 1853
(Month) (Day) (Year)

8. AGE: Years 89 Months 9 Days 9
If less than one day _____ hr. _____ min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business AT HOME

MOTHER { 12. Name CHRIST CHRISTOMUS
13. Birthplace FRANCE
(City, town, or county) (State or foreign country)

14. Maiden name MARY ANN DAMM
15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant Aloys Forst
(b) Address 3912 Vest Ave. St. Louis Mo

17. (a) Burial (b) Date thereof NOV. 10-1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem

18. (a) Signature of funeral director W. J. Schuman
(b) Address 4355 Washington

19. (a) NOV 9 1942 (Date received local registrar)
J. F. Bredek (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. 3912 VEST
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 7
year 1942 hour 12 minute 05 A.M.
21. I hereby certify that I attended the deceased from Oct 1930
to Oct 31 1942
that I last saw her alive on October 31 1942
and that death occurred on the date and hour stated above.
Immediate cause of death _____
Duration _____

Due to Inferiority of age
Due to age
Other conditions (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?

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Amey G. Smith (M.D. or other) _____
Address 607 N. Grand Date signed 11-8-42

MAR 25 1945

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..... *William J. Evans*
Licensed Embalmer No..... *4319*
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, fact should be so stated above.