

Filed DEC 29 1942

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10532

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:  
2226 Howard St. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 40 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 2226 Howard St. (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 16th  
year 1942 hour 5:00 AM minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from Sept  
1942 to Oct 10, 1942  
that I last saw her alive on Dec 14, 1942  
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Mrs. Henrietta Forrest

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

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (c) Age of husband or wife if alive 25 years  
late Edwin J. Forrest (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 11 21 hr. \_\_\_\_\_ min.

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

10. Usual occupation Housework

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Wm. L. Bierach  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Eva Mann  
15. Birthplace DuBois County Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant William L. Bierach  
(b) Address 2226 Howard St.

17. (a) Burial (b) Date thereof 12-18-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany Cemetery

18. (a) Signature of funeral director Hy. Leidner Und. Co.  
2223 St. Louis Ave.  
(b) Address \_\_\_\_\_

19. (a) DEC 17 1942 (b) J. F. Bruders  
(Date received local registrar) (Registrar's signature)

Immediate cause of death Chronic Myocardial Duration  
with arterio-sclerosis

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Chronic interstitial  
(Include pregnancy within 3 months of death)  
nephritis

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) 2nd  
(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 W. D. Benke (M. D. or other)  
Address 4901 E. Easton Ave Date signed 12/16/42

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

**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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis

**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.**