V. S. No. 2
50M—5-42
Rev. 5-17-39
1 X-2873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38717 10512

Filed DEC 29 1942

Registration District No. 818 Primary Registration District No. Registrar's No.

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

1. PLACE OF DEATH:

(a) County: MISSOURI.

(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. 0 (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) In this community

2. USUAL RESIDENCE OF DECEASED: 000 17 9/6

(a) State: Missouri (b) County:

(c) City or town: St. Louis. (If outside city or town limits, write "RURAL")

(d) Street No. 4348 Hartford St. (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME: Katherine Mary Forst.

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Charles

6. (c) Age of husband or wife if alive: 69 years

7. Birth date of deceased: December 18 1879 (Month) (Day) (Year)

8. AGE: Years 63 Months II Days 27 If less than one day hr. min.

9. Birthplace: St. Louis (City, town, or county) 0 (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: House Work

MOTHER FATHER

12. Name: Valentine Meyer

13. Birthplace: St. Louis (City, town, or county) 0 (State or foreign country)

14. Maiden name: Margaret Moser

15. Birthplace: Waterloo Illinois (City, town, or county) (State or foreign country)

16. (a) Informant: Charles W. Forst

(b) Address: 4348 Hartford St.

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

(c) Place: burial or cremation: S.S. Peter & Paul

18. (a) Signature of funeral director: Wm. F. Mogdell

(b) Address: 1926 Allen Ave.

19. (a) DEC 16 1942 (Date received local registrar) J. F. Medeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15 year 1942 hour 6/~~7~~ 45 minute A M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death: Fracture right femur Asthenia sibyosis suffered when deceased slipped and fell Due to: Fall on floor at her home Nov 7 1942 about 3:00 PM

Due to:

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

Duration

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): Accident

(b) Date of occurrence: Nov 7 1942

(c) Where did injury occur? (City or town) (County) (State) 000

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? No Means of injury: fall

23. Signature: Alfred Gerry (M. D. or other)

Address: Department of Health Date signed: 3/16/42

(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 me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed D. M. Davis

Licensed Embalmer No. 3741

P. O. Address 1926 Alleman

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.