

FILED MAR 13 1948

Registration District No.

Primary Registration District No.

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

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 3805 Sulphur /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 60 Years (Specify whether years, months or days)  
In this community 60 Years

3. (a) PRINT FULL NAME Frances Foerster

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dec. 1 1854  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>89</u>	<u>3</u>	<u>0</u>	hr. _____ min. _____

9. Birthplace Brooklyn, New York  
(City, town, or county) (State or foreign country)

10. Usual occupation Home

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

MOTHER FATHER { 12. Name Geo. E. Bluemlein

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant Ferdinand Foerster

(b) Address 3805 Sulphur Ave.

17. (a) Burial (b) Date thereof March 3, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Walter Hilderle  
(b) Address 3634 Gravois Ave.

19. (a) WAR 3 1948 (b) J. F. Biedeck  
(Date received local certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

Missouri  
(a) State \_\_\_\_\_ (b) County St. Louis  
(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 3805 Sulphur Ave. (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1  
year 1944 hour 2 minute 15 A.M.

21. I hereby certify that I attended the deceased from Sept 11, 1944  
to Feb 29, 1944  
that I last saw her alive on Nov. 20, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death: Generalized arterio-sclerosis myocarditis  
Other Senile degenerative changes

Due to Old skin carcinoma of maxillary sinus  
& costo-cartilages

Other conditions (Include pregnancy within 3 months of death) 55

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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) Means of injury \_\_\_\_\_

(c) Signature Geo. H. Mathae (M. D. or other) \_\_\_\_\_  
Address 3167 50th Grand Date signed e/1/44

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**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..... *Robert Wheeler* .....

Licensed Embalmer No. *2178* .....

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.**