

FILED MAR 15 1944

State File No. _____

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 196

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Nursing Home 2018 Francis Street.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Not (Specify whether
In this community 4 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

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

(d) Street No. 2204 Jule Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edmund Louis Forzelius

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased August 25 1880
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>63</u>	<u>5</u>	<u>8</u>	_____ hr. _____ min.

9. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER {

12. Name Paul Forzelius

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

14. Maiden name Bertha Hainalter

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

16. (a) Informant Bertha Forzelius

(b) Address 2204 Jule St. St. Joseph, Mo.

17. (a) Burial (b) Date thereof 2/5/1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Mora Cemetery

18. (a) Signature of funeral director Walter Meuschoff

(b) Address 1302 Faraon St. St. Joseph, Mo.

19. (a) 2-5-44 (b) Rose Hergog
(Date received local register) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 3rd.
year 1944 hour 8:40 minute a. M.

21. I hereby certify that I attended the deceased from Dec 9 1943 to Feb 3 1944
that I last saw him alive on JAN 29 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Lues - Cerebro spinal meningitis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 30 f

Major findings: _____

Of operations _____

Of autopsy _____

Duration

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) (c) Means of injury 0

23. Signature L. C. Bauman (M. D. or dentist)
Address 670 Francis St. Joseph, Mo. Date signed 2/3/44

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 *Albert L. Harrington*

Licensed Embalmer No. *3258* Missouri

P. O. Address *St. Joseph, Missouri.*

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.