. S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 25 1944 818

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26816

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 7087

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:
BARNES HOSPITAL O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 days (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED: 777

(a) State Indiana (b) County 43

(c) City or town Evansville (If outside city or town limits, write "RURAL") O

(d) Street No. 301 E. Iowa (If rural, give location) N.R.

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

If yes, name country 2

3. (a) PRINT FULL NAME Forester, Hugo

3. (b) If veteran, name war Unk.

3. (c) Social Security No. Unk.

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 February (Month) 21, (Day) 1877 (Year)

8. AGE: Years 67 Months 5 Days ~~20~~ 21 If less than one day _____ hr. _____ min.

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

10. Usual occupation Printer

11. Industry or business Printing

MOTHER FATHER

12. Name Fred Forster

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

MOTHER

14. Maiden name Philipina Ambrust

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

16. (a) Informant Mrs. Tillie Bruning

(b) Address Evansville, Indiana

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/13/44 (Month) (Day) (Year)

(c) Place: burial or cremation Evansville, Indiana

18. (a) Signature of funeral director Albert H. Hoppe Inc.

(b) Address 4700 Washington Blvd.

19. (a) AUG 15 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12th year 1944 hour 9 minute 40 P.M.

21. I hereby certify that I attended the deceased from July 31, 1944, to Aug 12, 1944 that I last saw him alive on Aug. 12, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Cardio-vascular disease several yr.

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy NONE

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) (e) Means of injury _____

23. Signature Gordon F. Moore (M. D. ~~another~~)

Address BARNES HOSPITAL Date signed 8/13/44

844

(Licensed Embalmer's Statement on Reverse Side)

302

302

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 G W Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

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.