

**FILED** DEC 21 1945 **STANDARD CERTIFICATE OF DEATH**  
318 1003

State File No.

Registrar's No.

10826

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:  
7129a S. Broadway /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

3. (a) PRINT FULL NAME. Marie Fohrell

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

4. Sex Female / 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.....year

7. Birth date of deceased November 24 1866  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
79 0 16 hr. min.

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

10. Usual occupation Retired milliner

11. Industry or business.....

MOTHER FATHER { 12. Name Anton Fohrell  
13. Birthplace Germany  
14. Maiden name Christine Kampter  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss. Sophia Fohrell  
(b) Address 7129a S. Broadway

17. (a) Burial (b) Date thereof 12/13/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old SS. Peter-Paul Jos. P. Fendler Jr.

18. (a) Signature of funeral director 7128 Michigan Ave.

(b) Address DEC 12 1945  
19. (a) (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7129a S. Broadway  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 10  
year 1945 hour 1 minute 45 P. M.

21. I hereby certify that I attended the deceased from Nov 1  
1945 to Dec 10 19 45  
that I last saw h. aw alive on Dec 10 19 45  
and that death occurred on the date and hour stated above.

Immediate cause of death..... Chronic Myocarditis Duration 2 yrs.  
Due to arteriosclerosis ?

Due to Senility

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

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).....  
(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?

(Specify type of place) While at work..... (e) Means of injury.....

23. Signature Max Standloff (M. D. or other) MD  
Address 512 Jovell St Date signed 12/10/45

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.....

George N. Archambault....., Registered Apprentice No. XXXXXXXX,  
working under my personal supervision.

Signed.....

Licensed Embalmer No. 2906

P. O. Address 7128 Michigan Ave.

**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.**