

No. 2
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17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 27 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19585

State File No. _____

Registration District No. 3173

Primary Registration District No. 3068

Registrar's No. 1093

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Maplewood Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 2 years
years, months or days

3. (a) PRINT FULL NAME Mrs. M. Sophie Forster

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 Widowed

6. (b) Name of husband or wife John Forster 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 13, 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
89 - 2 hr. min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Beutner

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

14. Maiden name Unknown

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

16. (a) Informant Rev. Friedrich Forster

(b) Address 6947 Hillsland Avenue

17. (a) Burial (b) Date thereof May 17, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chicago, Illinois

18. (a) Signature of funeral director Beiderwieden F. H., Inc.

(b) Address 1936 St. Louis Avenue

19. (a) MAY 16 1947 (b) Cecil A. Stephens
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Maplewood
(If outside city or town limits, write "RURAL")
(d) Street No. 2200 Bredell
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15,
year 1947 hour 9: minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan. 28 - 1947
to MAY 15, 1947
that I last saw her alive on MAY 15, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death
Cardio-vascular-Renal disease

Due to Senility & Arterio sclerosis

Due to 131a

Other conditions
(Include pregnancy within 3 months of death)

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 kind of place) (e) Means of injury _____

23. Signature Victor H. Koberger (M. D. or other) _____

Address 5203 Chippewa Street Date signed 5/15/47

Duration
Underline the cause to which death should be charged statistically.

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

502

110

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 Glen W. Hatz

Licensed Embalmer No. 3737

P. O. Address 1936 W. Louis 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.