

FILED OCT 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34798

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8686

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS MO	c. LENGTH OF STAY (In this place) 2 days	c. CITY (If outside corporate limits, write RURAL and give township) d. TOWN WEBSTER GROVES 4617	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Pac. Hosp.		d. STREET ADDRESS (If rural, give location) 1110 SUMMIT AVE	

3. NAME OF DECEASED (Type or Print) a. (First) BERTON	b. (Middle)	c. (Last) Forester	4. DATE OF DEATH (Month) (Day) (Year) 10 13 50
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JULY 3, 1877	9. AGE (In years last birthday) 73	10. MONTHS	11. DAYS	12. HOURS	13. MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED	10b. KIND OF BUSINESS OR INDUSTRY SALESMAN	11. BIRTHPLACE (State or foreign country) ST. JAMES MO	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JOHN J. FORESTER	13b. MOTHER'S MAIDEN NAME MATHILDA SENNE	14. NAME OF HUSBAND OR WIFE MARY E FORESTER
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mary E Forester	18. ADDRESS 1110 Summit Ave
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 11 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) A.S.H.D. Arteriosclerotic Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis, gen. DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Duodenal ulcer Pulmonary edema			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? H2O
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22. I hereby certify that I attended the deceased from 10-11, 1950, to 10-13, 1950, that I last saw the deceased alive on 10-13, 1950, and that death occurred at 10:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE Robert A. Luckstep M.D.	(Degree or title)	23b. ADDRESS 1755 So. Grand	23c. DATE SIGNED 10-12-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	24b. DATE 10-16-50	24c. NAME OF CEMETERY OR CREMATORY VOKHALLA CREMATORY	24d. LOCATION (City, town, or county) (State) ST. LOUIS MO
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE OCT 14 1950	25. FUNERAL DIRECTOR'S SIGNATURE Mullerburg Funeral Home Inc	ADDRESS 73 W. Lockwood Ave
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 me

working under my personal supervision.

Student Embalmer No.

Signed Gus W. Wilkinson

Signed.....
Student Embalmer

Licensed Embalmer No. 3575

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.