

FILED MAR 19 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10892

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 193

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write BURAL and give township) <u>CLAYTON</u>		c. CITY (If outside corporate limits, write BURAL and give township) <u>OVERLAND 423X</u>	
c. LENGTH OF STAY (In this place) <u>1-DAY</u>		d. STREET ADDRESS (If rural, give location) <u>9029-OLDEN AVE.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS COUNTY HOSPITAL 23</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>GERTRUDE</u> b. (Middle) _____ c. (Last) <u>FORSTER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1 21 52</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN. 17-1892</u>
9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months Days <u>0 0</u>	IF UNDER 10 YRS. Hours Mins. <u>0 0</u>	11. BIRTHPLACE (State or foreign country) <u>AUSTRIA</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	
11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>JOHN JAILZ</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	
14. NAME OF HUSBAND OR WIFE <u>NICHOLAS FORSTER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>NICHOLAS FORSTER-9029 OLDEN AV OVERLAND</u>		ADDRESS	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetic coma</u> INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes mellitus</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <u>1-21, 1952</u> , to <u>1-21, 1952</u> , that I last saw the deceased alive on <u>1-21, 1952</u> , and that death occurred at <u>7:52 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Schatore N. Bigger M.D.</u>		23b. ADDRESS <u>2018 Brentwood Clayton</u>	
23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>1-24-52</u>	
24c. NAME OF CEMETERY OR CREMATORY* <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Overland, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-24-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke MD</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Bannum Bros Inc</u>		ADDRESS <u>2504-Woodson Rd - Overland, Mo</u>	

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 3457

.....
working under my personal supervision.

Student Embalmer No.

Signed David C. Gibson

Signed.....
Student Embalmer

Licensed Embalmer No. 3457

P. O. Address Overland 14, 7

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.