

FILED JUL 1 1954

STANDARD CERTIFICATE OF DEATH

State File No. **21655**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **1299**

4000

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give town) Manchester, Mo.		c. CITY OR TOWN Wentzville	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 40 Mos.		e. STREET ADDRESS (If rural, give location) RURAL	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Manchester Nursing Home.			

3. NAME OF DECEASED (Type or Print)	a. (First) Gertrude	b. (Middle) Myles	c. (Last) Foristell	4. DATE OF DEATH (Month) (Day) (Year) June 2, 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH June 7, 1874	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At Home.	11. BIRTHPLACE (City and State or Foreign Country) Wentzville, Missouri.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME D. K. Smith	13b. MOTHER'S MAIDEN NAME Maggie Weikert	14. NAME OF HUSBAND OR WIFE John E.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO.	16. SOCIAL SECURITY NO. Nil.	17. INFORMANT'S SIGNATURE OR NAME Helen Blanch Southard,	ADDRESS Fort Smith Ark
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CHRONIC MYOCARDITIS		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIO SCLEROSIS DUE TO (c) —		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE			

19a. DATE OF OPERATION NONE	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE	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) NONE m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from **FEB. 27**, 19**51**, to **JUNE 2**, 19**54**, that I last saw the deceased alive on _____, 19____, and that death occurred at **6:47 A.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) B.R. Loving M.D.	23b. ADDRESS BALLWIN, MO	23c. DATE SIGNED 6-3-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6-4-54	24c. NAME OF CEMETERY OR CREMATORY Wright City Cemetery	24d. LOCATION (City, town, or county) (State) Wright City, Mo.
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DATE REC'D BY LOCAL REG. 6/4/54	REGISTRAR'S SIGNATURE Harold R. Ambrose	25. FUNERAL DIRECTOR'S SIGNATURE Witman Fun. Home,	ADDRESS Wentzville, Mo.
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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~~, Student Embalmer No. working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed *Elton R. Remick*.....

Licensed Embalmer No. *428*.....

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.