

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44161

State File No. _____

FILED JAN 7 1957

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531 Registrar's No. 2958

1. PLACE OF DEATH a. COUNTY <p align="center"><u>St. Louis</u></p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p align="center"><u>Missouri</u></p>		b. COUNTY <p align="center"><u>St. Louis</u></p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center"><u>University City</u></p>		c. LENGTH OF STAY (in this place) <p align="center"><u>20 Yrs</u></p>		c. CITY OR TOWN <p align="center"><u>University</u></p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p align="center"><u>7285 Crevling Drive</u></p>				e. STREET ADDRESS (If rural, give location) <p align="center"><u>7285 Crevling Drive</u></p>	

3. NAME OF DECEASED (Type or Print) <p align="center"><u>TILLIE</u></p>			a. (First)			b. (Middle)			c. (Last) <p align="center"><u>FORSTER</u></p>			4. DATE OF DEATH (Month) (Day) (Year) <p align="center"><u>12-13-1956</u></p>			
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5. SEX <p align="center"><u>Female</u></p>		6. COLOR OR RACE <p align="center"><u>White</u></p>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p align="center"><u>Married</u></p>		8. DATE OF BIRTH <p align="center"><u>2-14-1882</u></p>		9. AGE (In years last birthday) <p align="center"><u>74</u></p>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours		IF UNDER 24 HRS. Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p align="center"><u>Housewife</u></p>			10b. KIND OF BUSINESS OR INDUSTRY <p align="center"><u>At home</u></p>			11. BIRTHPLACE (City and State or Foreign Country) <p align="center"><u>Missouri</u></p>			12. CITIZEN OF WHAT COUNTRY? <p align="center"><u>U.S.A.</u></p>		
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13a. FATHER'S NAME <p align="center"><u>Carl Schmidt</u></p>			13b. MOTHER'S MAIDEN NAME <p align="center"><u>Salma Bahr</u></p>			14. NAME OF HUSBAND OR WIFE <p align="center"><u>Theodore Forster</u></p>		
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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) <p align="center"><u>No</u></p>		16. SOCIAL SECURITY NO. <p align="center"><u>None</u></p>		17. INFORMANT'S SIGNATURE OR NAME <p align="center"><u>Theodore Forster</u></p>				ADDRESS <p align="center"><u>285 Crevling Drive</u></p>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<p align="center"><u>Sarcoma, Reticulum cell type</u></p>						<p align="center"><u>8 mo -</u></p>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES							
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
		DUE TO (b)							
		DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS							
		Conditions contributing to the death but not related to the disease or condition causing death.						<p align="center"><u>Gen. Arterio Sclerosis</u></p>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <p align="center"><u>none -</u></p>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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?	
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22. I hereby certify that I attended the deceased from Sept, 1956, to Dec 13, 1956 that I last saw the deceased alive on Dec 12, 1956 and that death occurred at am from the causes and on the date stated above.

23a. SIGNATURE <p align="center"><u>Edward J. Jordan M.D.</u></p>		(Degree or title)		23b. ADDRESS <p align="center"><u>1504 Sout Grand</u></p>		23c. DATE SIGNED <p align="center"><u>14/ Dec</u></p>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <p align="center"><u>Removal</u></p>		24b. DATE <p align="center"><u>12-15-1956</u></p>		24c. NAME OF CEMETERY OR CREMATORY <p align="center"><u>Sunset Butial Park</u></p>		24d. LOCATION (City, town, or county) <p align="center"><u>10160 Gravois Road No</u></p>	
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DATE REC'D BY LOCAL REG. <p align="center"><u>12-14-56</u></p>		REGISTRAR'S SIGNATURE <p align="center"><u>Hebecl R. Ambrose</u></p>		FUNERAL DIRECTOR'S SIGNATURE <p align="center"><u>Reuben Bros</u></p>		ADDRESS <p align="center"><u>6409 Gravois Ave</u></p>	
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(Licensed Embalmer's Statement on Reverse Side)

PR 3-3355 / 247 501
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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Lawson Seymour*

Licensed Embalmer No. *434*

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.