

FILED AUG 5 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **26901**

BIRTH NO. _____		REG. DIST. NO. <b>317</b>		PRIMARY REG. DIST. NO. <b>547</b>		Registrar's No. <b>1859</b>	
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -- a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Richmond Heights</b>		c. LENGTH OF STAY (In this place) <b>3 days</b>		c. CITY OR TOWN <b>St. John 4221</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Marys Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>#5 Ritenour Drive</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) <b>Anthony</b> c. (Last) <b>Forster</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 24, 1957</b>				
5. SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED <b>Married</b>		8. DATE OF BIRTH <b>Feb. 21, 1888</b>	
9. AGE (In years last birthday) <b>69</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 MRS. Hours _____ Min. _____		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Insurance Broker</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Prudential Ins.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Charles Forster</b>			13b. MOTHER'S MAIDEN NAME <b>Clara Lambert</b>		14. NAME OF HUSBAND OR WIFE <b>Zetta A. Forster</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>492-07-8606</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Zetta A. Forster 5-Ritenour Drive</b>			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary infarct, &amp; aortic aneurysm</b>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <b>A.S. C.V. disease</b>  DUE TO (c) <b>Bacterial shock due to broncho-pneumonia</b>				INTERVAL BETWEEN ONSET AND DEATH <b>Uncertain</b>  <b>Uncertain</b>	
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION <b>None</b>				20. AUTOPSY? <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b> <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>NO</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>451X</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 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 <b>July 21, 1957</b> , to <b>July 24, 1957</b> , that I last saw the deceased alive on <b>July 24, 1957</b> , and that death occurred at <b>3:15 P. M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree of title) <b>Herbert B. Donle MD</b>				23b. ADDRESS <b>35 N. Central Ave., Clayton, Mo.</b>		23c. DATE SIGNED <b>July 25, 1957</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Entombment</b>		24b. DATE <b>7-27-1957</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Mausoleum</b>		24d. LOCATION (City, town, or county) (State) <b>Pagedale, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>7-25-57</b>		REGISTRAR'S SIGNATURE <b>Herbert B. Donle MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Samuel B...</b>		ADDRESS <b>2504-Woodson Rd-Overland-114-Mo.</b>	

**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 *Leron E. Percy*.....

Licensed Embalmer No. *540*

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.