Health,
& Welfare
Public
Service

5. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-030390
STATE FILE NUMBER

FILED SEP 11 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8447

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St.Louis — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St.John's Hospital — Length of stay in 1b: 3-days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY:
c. CITY OR TOWN: St.Louis — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 4311 McPherson Ave. — Reside on Farm: Yes [ ] No [ ]

23 2/99

3. NAME OF DECEASED (Type or print): First: August Middle: F. Last: Forster

4. DATE OF DEATH: Month Day Year: Sept.1,1958

5. SEX: M.
6. COLOR OR RACE: W.
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Aug.25,1884
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired, Mgr. Hyde Park Brewing Co.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): St.Louis,Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: C.August Forster
13b. MOTHER'S MAIDEN NAME: Minnie Lorey
14. NAME OF HUSBAND OR WIFE: Mrs.Eleanor Forster

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 497-01-4868
17. INFORMANT: Mrs.Eleanor Forster, Address: 4311 McPherson Ave.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary arteriosclerosis heart — 3 yrs
DUE TO (c) disease
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): None — 420.1

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ] — no
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): -
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year: -
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): -
20f. CITY, TOWN, OR LOCATION: - COUNTY: - STATE: -

21. I attended the deceased from 8/5/57, to 9-1-58 and last saw him alive on 8/31/58
Death occurred at 8:05 am. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Edward P. Rek MD (Degree or title)
22b. ADDRESS: 4500 Olive St. Louis (8) Mo
22c. DATE SIGNED: 9/2/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Sept.5,1958
23c. NAME OF CEMETERY OR CREMATORY: Bellefontaine Cemetery
23d. LOCATION (City, town, or county) (State): St.Louis,Missouri

24. FUNERAL DIRECTOR: Arthur J. Donnell
ADDRESS: 3840 Lindell Blvd.
25. DATE RECD. BY LOCAL REG.: SEP 2 '58
26. REGISTRAR'S SIGNATURE: J. Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

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 [signature]

Licensed Embalmer No. 4699

P. O. Address 3840 [illegible]

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.