

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

41922

**1. PLACE OF DEATH**

County St. Louis  
Township Carthage  
City Kirkwood (No. 828 Cleveland Ave)

Registration District No. 785  
Primary Registration District No. 603h

File No. \_\_\_\_\_  
Registered No. 16  
St. \_\_\_\_\_ Ward)

**2. FULL NAME**

Charles H. Forrester

(a) Residence. No. \_\_\_\_\_ St., \_\_\_\_\_ Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE W.C. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bridget Forrester

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 3, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
63 8 24

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work day laborer  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Mo. Perry  
(STATE OR COUNTRY)

10. NAME OF FATHER Wm. Forrester

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ennessee  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Sadey Coyle

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri  
(STATE OR COUNTRY)

14. INFORMANT Bridget Forrester  
(Address) Kirkwood Mo.

15. FILED 1/9 30 C. E. Barnett M.D.  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 17 1929

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, and that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Chronic myocarditis  
13  
100  
113 (duration) yrs. mos. ds.  
CONTRIBUTORY Chronic Interstitial Nephritis  
(SECONDARY) Chronic Emphysema, Pulmonary sclerosis  
(duration) / yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Medical History  
(Signed) John E. Connel, M.D.  
Dec 28 1929 (Address) Forrester of Spurge Family

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. James Mo DATE OF BURIAL Dec 29 1929

20. UNDERTAKER Louis H. Bopp ADDRESS Kirkwood Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

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