

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MAY 27 1930

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

Do not use this space.

~~10000~~
13727

1. PLACE OF DEATH

County St. Charles Registration District No. 157
Township _____ Primary Registration District No. 3036
City St. Charles (No. 231) Jackson St. _____ Ward _____

File No. _____
Registered No. 71
St. _____ Ward _____

2. FULL NAME Forstmann Mary

(a) Residence, No. 231 Jackson St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Forstmann

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 21 - 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
81 10 0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

10. NAME OF FATHER George Alb

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

12. MAIDEN NAME OF MOTHER Louise

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

14. INFORMANT Geo. B. Forstmann
(Address) 520 W. 1st St

15. FILED 4/25/30 My B. Blockman REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 21 1930

17. I HEREBY CERTIFY, That I attended deceased from April 3, 1930, to April 31, 1930.
that I last saw h. or alive on April 21, 1930, and that death occurred, on the date stated above, at 3:45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis clv.

131
936 (duration) 3 yrs. — mos. 17 ds.

CONTRIBUTORY Myocarditis clv.
(SECONDARY)

(duration) 3 yrs. — mos. 17 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH no

0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Physic. & Lab. exam.
(Signed) O. Kerst Galloway, M. D.

April 21, 1930 (Address) 2000 Clayton St. Charles Mo

*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. Peter Cemetery DATE OF BURIAL April 25, 1930

20. UNDERTAKER W. H. ... ADDRESS ...

