

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.

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

Do not use this space.

EP 15 1936

32958

1. PLACE OF DEATH

County.....
Township.....
City, St. Louis

Registration District No. 791
Primary Registration District No. 1003
(No. 4920 Finkman Ave.)

File No.....
Registered No. 8840
St. Ward)

2. FULL NAME Leonard Forster

(a) Residence, No. 4920 Finkman Ave. St. 2 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 Male 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 Anna Forster

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18, 1863

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>73</u>	<u>1</u>	<u>6</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Brewer</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Anheuser Busch Co.</u>
	10. Date deceased last worked at this occupation (month and year) <u>About 3 yrs. ago</u>
	11. Total time (years) spent in this occupation.....

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

13. NAME John Forster

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mr. Leonard G. Forster
(ADDRESS) 4920 Finkman Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Peter & Paul 8-1136

19. UNDERTAKER Kriegshauser Mortuaries
(ADDRESS) 4228 So. Kingshighway

20. FILED AUG 25 1936 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-24, 19 36

22. HEREBY CERTIFY, That I attended deceased from July 14, 1936 to Aug 24, 1936
I last saw him alive on Aug 12, 1936. Death is said to have occurred on the date stated above, at 320 P. M.
The principal cause of death and related causes of importance were as follows:

Cerebral apoplexy 8/24/36
arteriosclerosis
hemiplegia 3 yrs.

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify H. F. Bergman, M. D.
(Address) 3720 Washington

Dr. H.F. Bergman

3720 Washington

9-10-2-8