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.

NOV 4 1936

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

Do not use this space.

397126

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 10757

City St. Louis (No. Barnes Hospital St. ..... Ward)

2. FULL NAME FRANK JOSEPH Forster - Frank Joseph

(a) Residence, No. 4442A Olive St. St., 19 Ward. (If nonresident, give city or town and State)
(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.

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: Dorothy Forster.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 3, 1872

7. AGE: YEARS 64 | MONTHS 6 | DAYS 23 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brewery Business
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Missouri

FATHER

13. NAME: Marquardt Forster.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri.

MOTHER

15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Mrs. Dorothy Forster. 4442A Olive Street.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine DATE Oct. 29, 1936

19. UNDERTAKER (ADDRESS): Arthur J. Donnelly Undt. Co. 3840 Lindell Blvd.

20. FILED OCT 27 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10-26, 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-7-36, 19..., to 10-26, 1936

I last saw him alive on 10-26, 1936 Death is said to have occurred on the date stated above, at 5 15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Sigmoid	Feb. 1936?
~~[illegible]~~	
H. C.	
Other contributory causes of importance: BRONCHOPNEUMONIA	10-23-36

Name of operation: COLOSTOMY Date of 10-22-36

What test confirmed diagnosis? AUTOPSY 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? .....

If so, specify .....

(Signed) A. Russell Smith M. D.

(Address) BARNES HOSPITAL