

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

35926  
Do not use this space.

NOV 15 1937

791 2  
1003 1

1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
(b) Township ..... Primary Registration District No. .... Registered No. **9503**  
(c) City **St. Louis, Mo.** (d) Street No. **2504a Elliot Ave.,** St. ....  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Antonia Forman,**

(a) Residence, No. **2504a Elliot Ave.,** St. **20** (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

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 **William Forman**  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 26th 1869**  
7. AGE YEARS **72** MONTHS **11** DAYS **24** If LESS than 1 day, ..... hrs. or ..... min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housework**  
9. Industry or business in which work was done, as 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) **St. Louis, Mo.** (STATE OR COUNTRY)

FATHER 13. NAME **Frederick Koch**  
14. BIRTHPLACE (CITY OR TOWN) **Germany** (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Wilhelmina Soelter**  
16. BIRTHPLACE (CITY OR TOWN) **Germany** (STATE OR COUNTRY)

17. INFORMANT **William Forman,** (ADDRESS) **2504a Elliot Ave.,**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Peters Cem** DATE **Oct. 13th, 37**

19. FUNERAL DIRECTOR **My Friend and Co.** (ADDRESS) **1417 N. Market Street.**

20. FILED **OCT 12 1937** **J. Brebeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct 9<sup>th</sup> 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Aug 10**, 19**37**, to **Oct 9**, 19**37**

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at **7<sup>15</sup> P.M.**

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

**Broncho Pneumonia**  
**Pleurisy with Effusion** (Left) **9-27-37**  
**93C**

Date of onset **10-7-37**

Other contributory causes of importance:

**Chronic myocarditis**  
**Senility** **10-13-37**

Name of operation **Aspiration fluid expect** Date of.....  
What test confirmed diagnosis **Phy Exam** Was there an autopsy? **no**

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 **Ewerett J. Jovan**, M. D.  
(Signed) **Ewerett J. Jovan** (Address) **607 N. Grand Ave.**

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed *Al. H. Siedler* \_\_\_\_\_

Licensed Embalmer No. *2256*

**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.)**