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JAN 10 1938

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

43629

Do not use this space.

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1003 1

1. PLACE OF DEATH

(a) County ..... Registration District No. .....

(b) Township ..... Primary Registration District No. ..... Registered No. 11879

(c) City ..... (d) Street No. 4500 OLIVE ST. 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. 1 mos. 5 ds. 2 (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME KENNETH FORSTING

(a) Residence, No. 2624 PALM ST St. 20
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
MALE	WHITE	CHILD

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 21, 1936

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	1	5	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. .....
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) (STATE OR COUNTRY) ST. LOUIS, MO.

FATHER
13. NAME KENNETH FORSTING
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS, MO.

MOTHER
15. MAIDEN NAME DOROTHY HENNEFELD
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS, MO.

17. INFORMANT (ADDRESS) DOROTHY HENNEFELD
2624 PALM ST.

18. BURIAL, CREMATION, OR REMOVAL
PLACE ST. PETERS CEMETERY DEC. 27 1937

19. FUNERAL DIRECTOR (ADDRESS) Goodhart & Goodhart
2228 N. Louis ave

20. FILED DEC 26 1937 19 J. F. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-23-1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1:08 m.

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

Date of onset

Broncho Pneumonia (Primary)

Other contributory causes of importance:

107a

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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 See above

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Joseph M Quinn M. D.

(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

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.

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STATEMENT BY LICENSED EMBALMER

I, Charles J. Goodhart, Licensed Embalmer No. 2777

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Charles J. Goodhart

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Charles J. Goodhart

Licensed Embalmer No. 2777

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)