

JAN 10 1938

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

43651
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **7716 Vermont ave.** Registered No. **11901**
(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.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME **Louise Foerstel**

(a) Residence, No. **7716 Vermont ave.** St. **1**
(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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Charles**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 23, 1860**
7. AGE YEARS **77** MONTHS **7** DAYS **I** If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **At Home**
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) **Jackson** (STATE OR COUNTRY) **Mo.**

13. NAME **Bruno Albertus**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **France**

15. MAIDEN NAME **Doris Aleerter**

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

17. INFORMANT **William Foerstel** (ADDRESS) **7716 Vermont ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New St. Marcus** DATE **Dec. 27, 1937**

19. FUNERAL DIRECTOR **C. Hoffmeister U. & L. Co.** (ADDRESS) **7814 S. Broadway**

20. FILED **J. G. Bredack** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 24, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Dec 1 - 31, 1937** to **Dec 24, 1937**
I last saw him alive on **Dec 22, 1937** Death is said to have occurred on the date stated above, at **9.20 a.m.**

The principal cause of death and related causes of importance were as follows:
Coronary heart disease Date of onset **yrs**
Chronic myocarditis "
Hypertension "
Other contributory causes of importance:
Chronic nephritis

Name of operation **Cloned** Date of
What test confirmed diagnosis **Cloned** Was there an autopsy?

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 **George O. Bullman** M. D.
(Signed) **W. Schuemer**
(Address) **421 W. Schuemer**

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.

DEC 27 1937

STATEMENT BY LICENSED EMBALMER

I, George W. Hoffmeister, Licensed Embalmer No. 2426

hereby certify that the body recorded on the reverse side of this certificate was embalmed by L.C. Hoffmeister

L.E. #3871 Virgil Berrymann

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed

Geo. W. Hoffmeister
Licensed Embalmer No. 2426

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.)