JAN 10 1938

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

43711
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1003 Registered No. 11961
(c) City St. Louis (d) Street No. City Hospital No.1 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 23 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

C. 13979

2. PRINT FULL NAME James Forister
(a) Residence, No. 1225 Morrison St. 22
(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 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 Sadie Lancaster Forester

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 23, 1876

7. AGE 761 YEARS MONTHS 3 DAYS 4 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. nil
9. Industry or business in which work was done, as saw mill, bank, etc. 2,2
10. Date deceased last worked at this occupation (month and year) Jan 1937
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington County Missouri

FATHER
13. NAME Slayton Forister
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington County, Mo.

MOTHER
15. MAIDEN NAME Mary Bohannon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington, County, Mo.

17. INFORMANT (ADDRESS) Mrs James Forister 1225 Morrison

18. BURIAL, CREMATION, OR REMOVAL
PLACE Potosi, Mo. DATE 12-31, 1937

19. FUNERAL DIRECTOR (ADDRESS) Albert H. Hoppe Inc. 429 No. Euclid Ave.

20. FILED DEC 28 1937 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/27/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 12/24/37, 19, to 12/27/37, 19
I last saw him alive on 12/27/37, 19 Death is said to have occurred on the date stated above, at 4.10 a.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Infarcts of lung caused by embolic from the heart

93c

Other contributory causes of importance:
Chronic myocarditis with auricular fibrillation

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? .....
If so, specify .....
(Signed) E. P. Reh, M. D.
(Address) City Hospital No.1

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

I X12004

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.....

Licensed Embalmer No. 2272

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.)