

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

684
Do not use this space.

1. **PLACE OF DEATH** **FEB 12 1938** Registration District No. **791**
 (a) City **St. Louis,** Primary Registration District No. **1003** Registered No. **540**
 (b) Township _____ (d) Street No. **4639 Tyrolean** St.
 (c) City **St. Louis,** (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** **Margaret Forthaus 632**
 (a) Residence, No. **4639 Tyrolean Ave.** St. **2** (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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Herman Forthaus		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8, 1861		
7. AGE	YEARS 76	MONTHS 6
	DAYS 7	IF LESS than 1 day,hra. ormin.
OCCUPATION	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) (STATE OR COUNTRY) St. Louis, Mo.		
FATHER	13. NAME Herman Kossens	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany	
MOTHER	15. MAIDEN NAME Don't Know	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know	
17. INFORMANT (ADDRESS) Josephine Forthaus 4639 Tyrolean Ave.		
18. BURIAL, CREMATION, OR REMOVAL SS. Peter and Paul Cem. DATE Jan. 18, 1938		
19. FUNERAL DIRECTOR (ADDRESS) J. H. Gebken & Co 2842 Meramec St.		
20. FILED JAN 17 1938 J. Bredeck Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan 15 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 12th**, 1938, to **Jan 15th**, 1938.
 I last saw her alive on **Jan 15th**, 1938. Death is said to have occurred on the date stated above, at **12:39p.m.**
 The principal cause of death and related causes of importance were as follows:
Acute Labor Pneumonia Date of onset **7th**

Other contributory causes of importance:
none

Name of operation **none** Date of _____
 What test confirmed diagnosis? **clinical** 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 _____
 (Signed) **J. J. J. J. J.**, M. D.
 Address **695-3 Grosvis Ave**

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.

STATEMENT BY LICENSED EMBALMER

I, Herman A. Gebken, Licensed Embalmer No. 2120

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

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Herman A. Gebken

Licensed Embalmer No. 2120

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.)