

REC'D AUG 12 1938

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

23259

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1008**
 (c) City **St. Louis** (d) Street No. **4821 Kossuth Ave** St. **625**
 (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.

Registered No. **5953**

2. PRINT FULL NAME

George J Forsing
 (a) Residence, No. **4821 Kossuth Ave** St. **7**
 (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) **Widower**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **The late Hattie Forsing**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug 6th 1861**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
~~76~~ **76** **10** **25**

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

12. BIRTHPLACE (CITY OR TOWN) **Dayton** **Ohio**
 (STATE OR COUNTRY)

FATHER 13. NAME **Unknown**

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

MOTHER 15. MAIDEN NAME **Unknown**

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

17. INFORMANT **Mrs Julius Schatz**
 (ADDRESS) **4821 Kossuth Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **SS Peter & Paul** DATE **July 5th 1938**

19. FUNERAL DIRECTOR (NAME) **Stroot - Carroll**
 (ADDRESS) **4600 Natural Bridge**

20. FILED **2 1938** **J. D. Budick** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 1st 1938**

22. HEREBY CERTIFY, That I attended deceased from **July**, 19**38**, to **July 1**, 19**38**
 I last saw him alive on **June 30, 1938**. Death is said to have occurred on the date stated above, at **4:40p** pm.
 The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis
AK
 Other contributory causes of importance:
Arterio Sclerosis
 Date of onset

Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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.....
 (Signed) **Carl J. Per...** M. D.
 (Address) **364 N. ...**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No. 2265

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.