CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D OCT 12 1938

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

791
1003

30687
Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City St. Louis
(d) Street No. Alexian Bros. Hospital 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. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No.....
Primary Registration District No.....
Registered No. 8124

2. PRINT FULL NAME Dora Forster 623

(a) Residence, No. 3559a Marine St. 24
(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)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 10th. 1871.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
67	8	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Chicago, Ills.

FATHER
13. NAME Norden
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT John Forster
(ADDRESS) 3559a Marine Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St. Marcus DATE Sept. 14 1938

19. FUNERAL DIRECTOR (NAME) Wanker-Holderle
(ADDRESS) 2331 S. Broadway

20. FILED SEP 14 1938 19.....
J. P. Budde Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 11th. 1938

22. I HEREBY CERTIFY, That I attended deceased from July, 10th. 1938 to Sept. 10th. 1938
I last saw her alive on Sept. 10th. 1938 Death is said to have occurred on the date stated above, at 1.30 P.M.
The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Dilitation of Heart

Other contributory causes of importance:
Chronic Myocarditis + Diabetes

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) Dr. J. Smith, M. D.
(Address) 4430 Fairmount

(Licensed Embalmer's Statement on Reverse Side)

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, ...

Frank J. Hyland, or by .....

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

Signed Frank J. Hyland

Licensed Embalmer No. 2645

P. O. Address St Louis Mo

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

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