

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1849

1. PLACE OF DEATH:

(a) County Saint Louis

(b) City or town Jefferson Barracks  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Facility 3  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm: 7-28-40  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saint Louis

(c) City or town Webster Groves  
(If outside city or town limits, write "RURAL.")

(d) Street No. 727 East Big Bend Road  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? - years.

3. (a) PRINT FULL NAME: John W. FORSYTH

3. (b) If veteran, name war World War

3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Div.

6. (b) Name of husband or wife -- 6. (c) Age of husband or wife if alive - years

7. Birth date of deceased March 10, 1877  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>6</u>	<u>19</u>	hr. min.

9. Birthplace Saint Louis Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Broker 4

11. Industry or business - 7

MOTHER FATHER { 12. Name Not known

13. Birthplace Not known  
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Not known  
(City, town, or county) (State or foreign country)

16. (a) Informant Clinical Clerk M. Schuller

(b) Address VAF., Jefferson Bks., Mo.

17. (a) Burial (b) Date thereof Oct 2, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director C. Hoffmeister  
7814 S. Broadway St. Louis, Mo.

(b) Address 7814 S. Broadway

19. (a) OCT - 1 1940 (b) R. Meyer  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 29  
year 1940 hour 1:15 minute - P. M.

21. I hereby certify that I attended the deceased from July 28, 1940  
19 to Sept. 29, 1940 19;  
that I last saw him alive on September 29, 1940 19;  
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis, general, with severe cerebral, renal and coronary involvement.

Due to -

Due to -

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: No operation

Of operations -

Of autopsy No autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) -

(b) Date of occurrence -

(c) Where did injury occur? (City or town) (County) (State) -

(d) Did injury occur in or about home, on farm, in industrial place, in public place? -

While at work? - (Specify type of place) (e) Means of injury -

23. Signature C. W. HUGHES M.D. (M. D. or other) 1  
Chief Medical Officer  
Address VAF., Jefferson Bks., Mo. Date signed 9-30-40

Duration -

Unkn.

PHYSICIAN -

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.....

*Edwin H. Leubinger*

Licensed Embalmer No.....

*4049*

P. O. Address.....

*6464 Clippewa*

**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, fact should be so stated above.**