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

JAN 8 1941

State File No. _____

Registration District No. 784

Primary Registration District No. 106

Registrar's No. 2349

1. PLACE OF DEATH:

(a) County ST. LOUIS

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

(c) Name of hospital or institution: MARINE HOSP.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST. LOUIS

(c) City or town RICHMOND HEIGHTS
(If outside city or town limits, write "RURAL")

(d) Street No. 1725 DEL NORTE
(If rural, give location)

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

3. (a) PRINT FULL NAME FRANK A. J. FORST

3. (b) If veteran, name war _____

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11
year 1940 hour 3:50 minute P. M.

4. Sex MALE

5. Color or race WHITE

6. (a) Single, ~~widowed~~, married, divorced M

6. (b) Name of husband or wife BERTHA T. FORST

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased MAR. 22 1884
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>56</u>	<u>8</u>	<u>70</u>	hr. _____ min.

Immediate cause of death Auto collision while in own car, collided with another car Duration _____

9. Birthplace ST. LOUIS MO
(City, town, or county) (State or foreign country)

10. Usual occupation POST OFFICE SUPT.

Due to Fractured ribs L. & R. side
Frac. sternum

Due to _____

11. Industry or business _____

12. Name ALOIS FORST

13. Birthplace ALSACE LORRAINE
(City, town, or county) (State or foreign country)

14. Maiden name CATHERINE GOUL

15. Birthplace ILLINOIS
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____

Of operations _____

Of autopsy Yes

16. (a) Informant BERTHA T. FORST

(b) Address 1725 DEL NORTE R.H.

17. (a) BURIAL (b) Date thereof 12/14/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director _____

(b) Address 746 Maple Street St. Louis

19. (a) DEC 13 1940 (b) _____
(Date received local registrar) (Registrar's signature)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

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

(b) Date of occurrence Dec. 5, 1940

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Highway
(Specify type of place)

While at work? No Means of injury Collision

23. Signature Louis H. Boyer (M. D. or other) _____
Address _____ Date signed _____

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 *Francis A. Williamson*
Licensed Embalmer No. *3565*

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, fact should be so stated above.