

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4991

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4005 Cleveland Avenue
(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)

3. (a) PRINT FULL NAME Magdalene Fohrman

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Louis Fohrman 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 3 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 8 13 hr. _____ min.

9. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business At home

12. Name Arnold Fisser

13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

14. Maiden name Wendel Zimmerman
15. Birthplace Unknown Switzerland
(City, town, or county) (State or foreign country)

16. (a) Informant Verna Fohrman
(b) Address 4002 Cleveland Avenue

17. (a) Burial (b) Date thereof June 18, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Wm J. Robert & Co.
(b) Address 1905 So. Grand Blvd.

19. (a) JUN 17 1941 (b) J. M. Brederick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County BOON
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 9
(d) Street No. 4005 Cleveland Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16
year 1941 hour 10 minute A. M.

21. I hereby certify that I attended the deceased from June 9 1941
to June 16 1941
that I last saw her alive on June 16 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Wheezing of sudden onset with hemorrhage
Duration 20 da.

Due to _____
Due to _____
Other conditions arteriosclerosis - hypertensive factors 6 yrs
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____
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) _____
(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 J. E. King (M. D. or other) _____
Address 2603 Humphrey St Date signed 6-17-41

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

00-179

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.....

John Keller

Licensed Embalmer No..... 3880

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.