

FILED FEB 24 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 161

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:  
1408 N. Grand Blvd.  
(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 \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4202 Bingham Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Elizabeth Forester

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 Married  
6. (b) Name of husband or wife Frederick Forester  
6. (c) Age of husband or wife if alive 69 years  
7. Birth date of deceased Jan. 5 1881  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
60 11 29 hr. min.

9. Birthplace Belleville Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name James A. Votrain  
13. Birthplace Unknown 9  
(State or foreign country)  
14. Maiden name Sarah Stephan  
15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Frederick Forester

(b) Address 4202 Bingham Ave.

17. (a) Burial (b) Date thereof 1-8-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Pickers Cem.

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) JAN 7 1942 (b) J. J. Bredek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 4  
year 1942 hour 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from Jan 1st  
1942 to Jan 4th 1942  
that I last saw her alive on Dec 21st 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Coronary  
Plugging  
During  
Due to arteriosclerosis

Due to \_\_\_\_\_  
Other conditions dissecting aortic  
(Include pregnancy within 6 months of death)  
aneurysm

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 6/29

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 W. W. Harris (M. D. number) \_\_\_\_\_  
Address 3305 N. Grand Date signed 1/6/42

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

000170

9-11 AM 1-2 P-M  
Gardner & Hebert

**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 Albert P. Thompson Jr  
Licensed Embalmer No. 4239  
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.**