

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1799

Registration District No. 89

Primary Registration District No. 2007

Registrar's No. 27

1. PLACE OF DEATH:
 (a) County Butler
 (b) City or town Pepolar Bluff
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Henry Street
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 72 yrs. (Specify whether years, months or days)
 In this community 72 yrs.

3. (a) PRINT FULL NAME Charles Edward Foerst
 3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Carrie Foerst 6. (c) Age of husband or wife if alive 68 years
 7. Birth date of deceased Jan 18 1870
 (Month) (Day) (Year)

8. AGE: Years 72 Months 6 Days 6 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business

MOTHER FATHER
 { 12. Name John Foerst
 { 13. Birthplace Unknown
 { 14. Maiden name Mary Biggles
 { 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Estelle Swartz
 (b) Address Presley, Mo.

17. (a) Burial (b) Date thereof 1-26-42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Black Oak Cem.

18. (a) Signature of funeral director Black's Mortuary
 (b) Address Pepolar Bluff, Ark.

19. (a) 1-31-42 (b) Belle Kinne
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Butler
 (c) City or town Pepolar Bluff
 (If outside city or town limits, write "RURAL")
 (d) Street No. Henry St. (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 24
 year 1942 hour 12:55 minute _____ A.M.
 21. I hereby certify that I attended the deceased from October
 1941 to Jan 29 1942
 that I last saw him alive on Jan 10 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration 4 yrs

Due to _____
 Due to _____
 Other conditions (include pregnancy within 3 months of death) 1/28

Major findings: Of operations _____
 Of autopsy _____
 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 Fred Biggles (M. D. or other)
 Address Pepolar Bluff, Mo. Date signed 1-27-42

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

Rev. 5-17-39

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 28 1943

RECEIVED

District Health Office No. 2,

District File Number 242-288

Date Filed 2-11-42

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.....

Licensed Embalmer No.....

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.