

FILED JUL 6 1947 91

State File No. 5374
Registrar's No.

Registration District No. Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: 4111 Wilmington /
(d) Length of stay: In hospital or institution
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St. Louis
(d) Street No. 4111 Wilmington
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Agnes Foerstel

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month June day 20
year 1942 hour 6.00 minute P. M.

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

21. I hereby certify that I attended the deceased from June 18 1942 to June 20 1942
that I last saw her alive on June 20 1942
and that death occurred on the date and hour stated above.

7. (b) Name of husband or wife William Foerstel
7. Birth date of deceased January 29 1883
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage
Duration 12 hrs

8. AGE: 59 Years 4 Months 21 Days
If less than one day hr. min.

Due to Hypertensive Cardio-vascular disease
Due to Many years

9. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death)

10. Usual occupation Housewife

Major findings: Of operations

11. Industry or business

Of autopsy

12. Name Joe Kaufman

PHYSICIAN

13. Birthplace Mo. 0
(State or foreign country)

14. Maiden name Barbara Ubel

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

16. (a) Informant William Foerstel

(b) Address 4111 Wilmington

17. (a) Burial (b) Date thereof 6/23/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hiram Cemetery

18. (a) Signature of funeral director

(b) Address 3013 Meramec JUN 23 1942

19. (a) (b) J. F. Brubaker
(Date received local registrar) (Registrar's signature)

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) (Means of injury)

23. Signature Klaus G. Oates M.D. (M. D. or other)

Address 3723 S. Kingshighway Pl. Date signed 6/22/42

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

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17
9

Dr. Harold & Kingsbury
3725
Avery Stone

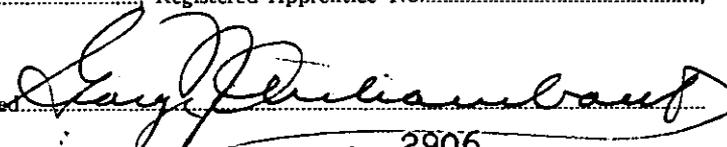
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

George N. Archambault

Registered Apprentice No. **XXXXXX**

working under my personal supervision.

Signed 

Licensed Embalmer No. **2906**

P. O. Address **3013 Meramec**

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.