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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22751

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 6386

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

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 Days (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0002
(c) City or town St Louis (If outside city or town limits, write "RURAL")
(d) Street No. # 15 S. 16 St (If rural, give location)
(e) Citizen of foreign country? (Yes or No) O
If yes, name country

3. (a) PRINT FULL NAME Anna Margaret Forbeck

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife

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

7. Birth date of deceased May (Month) 4 (Day) 1876 (Year)

8. AGE: Years 66 Months 2 ~~Mos.~~ Days 24 If less than one day hr. min.

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

10. Usual occupation Odd Jobs

11. Industry or business None

MOTHER FATHER

12. Name August Forbeck

13. Birthplace Holland (City, town, or county) (State or foreign country) 4

14. Maiden name Christine Koehler

15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant Margaret Burke
(b) Address St. Louis City Hospital

17. (a) (Burial, ~~cremation, or removal~~) (b) Date thereof 7 30 -42 (Month) (Day) (Year)
(c) ~~Place~~ burial ~~or cremation~~ City Cemetery

18. (a) Signature of funeral director W. J. Whitt
(b) Address City Hospital No 1

19. (a) JUL 29 1942 (Date received local registrar) J. F. Bredick (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24, year 1942 hour 11:05 minute A. M.

21. I hereby certify that I attended the deceased from July 1, 1942, to July 24, 1942 and that I last saw her alive on July 24, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease

Due to Multiple Infarcts of Lungs

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Markedly enlarged heart & arteriosclerotic changes. Multiple lung infarcts

Duration

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature William D. Smith (M. D., or other)
Address 1515 Lafayette Avenue, Date signed 7/24/42

(Licensed Embalmer's Statement on Reverse Side)

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, fact should be so stated above.