

FILED SEP 8 1942

Registration District No. **784**

Primary Registration District No. **115**

Registrar's No. **1834**

1. PLACE OF DEATH:

(a) County **St. Louis.**
(b) City or town **University City.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7455 Stratford Ave
(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 **Rev. Richard Leo Foristal.**

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

4. Sex **M.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **Single.**
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased. **September 20, 1883**
(Month) (Day) (Year)

8. AGE: Years **58** Months **11** Days **11** If less than one day hr. min.

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

10. Usual occupation **Catholic Priest.**

11. Industry or business.....

12. Name **Richard Foristal.**
13. Birthplace **Ireland.** (City, town, or county) (State or foreign country)
14. Maiden name **Jane Cagney.**
15. Birthplace **Ireland.** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. H. C. Guenther.**
(b) Address **7455 Stratford Ave.**

17. (a) **Burial** (b) Date thereof **9-3-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery.**

18. (a) Signature of funeral director **Arthur J. Donnelly**

(b) Address **3840 Lindell Blvd**

19. (a) **SEP - 1 1942** (b) **J. Mc Caron**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County.....
(c) City or town **University City.**
(If outside city or town limits, write "RURAL")
(d) Street No. **7455 Stratford Ave.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **31.**
year **1942** hour **8** minute **30** P.M.

21. I hereby certify that I attended the deceased from **1939**
19..... to **Aug 21** 19.....

that I last saw him alive on **Aug 10** 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**

Due to **Atherosclerosis, Hypertension, Phosphorus**

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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 **S. P. [Signature]** (M. D. or other)

Address **7649 [Address]** Date signed **9/1/42**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

96
530

497
1,143

NOV 9 1945

MAR 1 1943

*Dr. Riehlman
7649 Selman Blvd
12-3 R*

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 *Stanley Marshall*
Licensed Embalmer No. *2868*
P. O. Address *3840 Lindell*

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.