

1 FILE FEB 31 1943
Registration District No. 318

Primary Registration District No. 1003

State File No. 692
Registrar's No.

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:
St. Anthony's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... (Yes or No)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 100
(c) City or town St. Louis 19
(If outside city or town limits, write "RURAL") 7 23
(d) Street No. 1911 S. 9th St.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 22
year 1943 hour 10 minute 20 P. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Annie Forster 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Dec. 18, 1861
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 19 1943 to Jan 22 1943
that I last saw him alive on Jan 19 1943
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
81 1 4 hr. min.

Immediate cause of death Cerebral apoplexy
on or chof pneumonia
Due to.....
Due to.....

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

Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations.....
Of autopsy.....

10. Usual occupation Retired
11. Industry or business Clerk

PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER
12. Name Charles Forster
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Don't know
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant John A. Forster
(b) Address 1911 S. 9th St.

17. (a) Burial (b) Date thereof Jan. 25/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Old St. Marcus Cemetery

18. (a) Signature of funeral director Weick Brothers
(b) Address 2201 S. Grand Bl.

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?

19. (a) JAN 21 1943 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury.....
23. Signature Robert Ellor M.D.
Address Paul Bonn Date signed Jan 24 1943

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

818 Ave

Dr. Harnes
Paul Brown Bldg

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..... *Nancy A. Stewart*

Licensed Embalmer No. 3722

P. O. Address. 412 Duchouquette St.

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.