

No. 2
7-13-41
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **86846**
Registrar's No. **7269**

AUG 16 1943
Registration District No. **318**

Primary Registration District No. **003**

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

1. PLACE OF DEATH:
(a) County St. Louis
(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. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5-weeks
(Specify whether years, months or days)

3. (a) PRINT FULL NAME L. Marquard Forster
3. (b) If veteran, name war World War #1
3. (c) Social Security No. _____

4. Sex M. 5. Color or race W.
6. (a) Single, widowed, married, divorced M.
6. (b) Name of husband or wife Dorothy Murphy Forster
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased Oct. 21st., 1894
(Month) (Day) (Year)

8. AGE: Years 48 Months 9 Days 20
If less than one day hr. min.

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

10. Usual occupation Pres.

11. Industry or business Hyde Park Brewery

MOTHER FATHER
12. Name C. Marquard Forster
13. Birthplace St. Louis
(City, town, or county) (State or foreign country)
14. Maiden name Katherine Schlosstein
15. Birthplace St. Louis
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dorothy Murphy Forster
(b) Address 1108 Center Drive

17. (a) Burial Burial (b) Date thereof 8-13-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valleyfontaine
18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) **AUG 12 1943** (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town Richmond Heights
(If outside city or town limits, write "RURAL")
(d) Street No. 1108 Center Drive
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug. day 11th.,
year 1943 hour 3 minute 45 P. M.
21. I hereby certify that I attended the deceased from 4/15/38, 19____ to 8/11/43, 19____
that I last saw him alive on 8/11/43, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive heart disease
Due to Hypertensive vascular disease ("malignant type") 6 yrs
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____
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?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature [Signature] (M. D. or other) 2nd
Address [Address] Date signed 8/12/43

APR 19 1942

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 W. H. Van Matre
Licensed Embalmer No. 2825
P. O. Address 4340 Lafayette

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.