

FILED JAN 16 1945

318

1003

State File No.

Registrar's No.

Registration District No.

Primary Registration District No.

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:  
Missouri Pacific Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1  
(Specify whether  
In this community 1  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Joplin  
(If outside city or town limits, write "RURAL")  
(d) Street No. 704 Empire St.  
(If rural, give location)  
(e) Citizen of foreign country? 1 (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME OSCAR E. FOERSTER

3. (b) If veteran, name war Nil 3. (c) Social Security No. 202-14-0894

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

6. (b) Name of husband or wife Helen Foerster 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased July 31 1885  
(Month) (Day) (Year)

8. AGE: Years 59 Months 5 Days 1 If less than one day hr. min.

9. Birthplace Washington Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Traffic Representative

11. Industry or business Missouri Pacific R.R.

12. Name Ferdinand Foerster

13. Birthplace Washington Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Josephine Aheide

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

16. (a) Informant Eugene Foerster

(b) Address Washington, Mo.

17. (a) Burial (b) Date thereof 1-5-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) J. F. Bredich (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)  
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month Jan day 2nd year 1945 hour 12:00 minute noon M.

21. I hereby certify that I attended the deceased from 1/1/45 to 1/2/45 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure.

Due to auricular fibrillation

Due to Chr. Myocarditis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93

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) (e) Means of injury

23. Signature J. Schlanke (M. D. or other) Address 106 Pac. Hoop. Date signed 1/2/45

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

MOTHER FATHER

49  
2  
NR. 5

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

MAR 7 1945

JAN 15 1945

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**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.....

*John Agnost*

Licensed Embalmer No.....

*3398*

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.**