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v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 11 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39141

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11481

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: Dea coness 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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St.Louis

(c) City or town Lemay
(If outside city or town limits, write "RURAL")

(d) Street No. Rt.9 Box 300 Lemay,Mo.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Rose M.Foerstel

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John A.Foerstel

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

7. Birth date of deceased July (Month) 15 (Day) 1875 (Year)

8. AGE: Years 70 Months 5 Days 11 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Henry Albers
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant John Foestel
(b) Address Rt.9 Lemay,Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec.29,1945 (Month) (Day) (Year)
(c) Place: burial or cremation Mt.Hope Cemetery

18. (a) Signature of funeral director C.Hoffmeister U.&.L.Co.
(b) Address 7814 S.Broadway St.Louis,Mo.

19. (a) DEC 28 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 26 year 1945 hour 11 minute 45 p. m.

21. I hereby certify that I attended the deceased from 1936, 19, to 12/26/45, 19; that I last saw her alive on 12/26, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction due to Coronary occlusion with heart block

Due to

Due to

Other conditions Diabetes Mellitus
(Include pregnancy within 3 months of death)

Major findings:
Of operations 61

Of autopsy

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 Leland E. Hosto (M. D. or other) M.D.
Address 3783 S. Kingshighway Pl. Date signed 12/28/45

(Licensed Embalmer's Statement on Reverse Side)

Dr. Hosto

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 Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.