No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

297

FILED JAN 21 1946

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 136

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: PARK LANE HOSPITAL O
(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

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 8812 LOWELL
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MARTHA FORMAN.

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 WIDOW

6. (b) Name of husband or wife JOHN B. FORMAN

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

7. Birth date of deceased NOVEMBER (Month) 24 (Day) 1875 (Year)

8. AGE: Years 70 Months 1 Days 10 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO. (State or foreign country)

10. Usual occupation HOUSEKEEPER

11. Industry or business OWN

FATHER
12. Name CHARLES WUENSCH
13. Birthplace GERMANY (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name LAURA UNK.
15. Birthplace GERMANY (City, town, or county) (State or foreign country) 4

16. (a) Informant Mrs. Edna Phoenix

(b) Address 8812 Lowell

17. (a) BURIAL (Burial, ~~cremation, or removal~~) (b) Date thereof JAN 7/46 (Month) (Day) (Year)

(c) Place: burial or cremation NEW ST. MARCUS CEM

18. (a) Signature of funeral director E. J. Schnur

(b) Address 3125 LAFAYETTE AV.

19. (a) JAN 6 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 3 year 1946 hour 12 minute 50 A.M.

21. I hereby certify that I attended the deceased from Jan 1, 1946, to Jan 3, 1946 that I last saw her alive on Jan 3, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: acute Cardiac Dilatation	24 hrs
Due to: acute Bronchitis & Nephritis, Chr	?
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address 8201 N Broadway Date signed 1/4/46

(Licensed Embalmer's Statement on Reverse Side)

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.....Joseph B. Vollmer.....

Licensed Embalmer No.....4014.....

P. O. Address.....St. Louis Mo.....

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.