

No. 2  
1-5-43  
5-17-39  
I X36871

**FILED FEB 7 1946**  
Registration District No. 167

Primary Registration District No. 5594

Registrar's No. 2

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

**1. PLACE OF DEATH:**

(a) County JEFFERSON

(b) City or town RURAL - NEPAMEC TWP  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
ST. JOSEPH'S HILL INFIRMARY

(d) Length of stay: In hospital or institution 4 WKS - 10 DYS - 27 HRS  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days

**3. (a) PRINT FULL NAME** LAWRENCE FORST

**3. (b) If veteran,** name war No

**3. (c) Social Security** No. NONE

**4. Sex** MO **5. Color or race** W

**6. (a) Single, widowed, married, divorced** SINGLE

**6. (b) Name of husband or wife** None

**6. (c) Age of husband or wife if alive** None years

**7. Birth date of deceased** OCT. 1 1876  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>69</u>	<u>3</u>	<u>18</u>	hr. min.

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

**10. Usual occupation** LUCK POINTER

**11. Industry or business** BUILDING

**12. Name** Alvin Forst

**13. Birthplace** Illinois  
(City, town, or county) (State or foreign country)

**14. Maiden name** W. Schmechel

**15. Birthplace** Illinois  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Bruce R. R. R. S.

**(b) Address** St. Joseph's Hill Infirmary

**17. (a) BURIAL** (b) Date thereof 11-22-46  
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.

**18. (a) Signature of funeral director** M. H. H. H.

(b) Address 2117 E. GRAND BLVD.

**19. (a) January 20, 1946** (b) Mrs. J. A. Huelkels  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Ass

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 3912 Vest Ave  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month January day 19  
year 1946 hour 3 minute 15 P.M.

**21. I hereby certify that I attended the deceased from** March 2, 1944 to January 8, 1946  
that I last saw him alive on January 8, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Cerebral Arteriosclerotic Cardia-Vascular Disease

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_

Of autopsy 928

**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? (c) Means of injury \_\_\_\_\_

**23. Signature** J. M. H. H. (M. D. or other) \_\_\_\_\_  
Address 3155 NO. VANDEVENTER Date signed 1/19/46

