

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED APR 14 1947  
318

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. \_\_\_\_\_  
Registrar's No. 3258

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Deaconess Hospital 0  
(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 Mo. (b) County ood

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 17

(d) Street No. 5647 Rosa Ave.  
(If rural, give location) 9

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ANNA MARIA FORSTING

3. (b) If veteran, name war None

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25  
year 1947 hour 8:25 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from March 12, 1947 to \_\_\_\_\_, 1947;  
that I last saw her alive on March 25, 1947;  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife William J. 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Mar. 21 1880  
(Month) (Day) (Year)

Immediate cause of death, Uremia Duration 7 days

Due to Chronic nephroses ?

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

Other conditions (Include pregnancy within 9 months of death) 12/1

8. AGE: Years 67 Months 0 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housework

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name William Thieman

13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Philomena Belter

15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant William J. Forsting b.m. 12

(b) Address 5647 Rosa Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 29 47  
(Month) (Day) (Year)

(c) Place: burial or cremation New SS. PETER & PAUL CEM.

18. (a) Signature of funeral director Kriegshausers Und. Co.

(b) Address 4228 So. Kingshighway Bl.

19. (a) MAR 27 1947 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

PHYSICIAN \_\_\_\_\_

Major findings: \_\_\_\_\_

Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

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? \_\_\_\_\_

23. Signature A. R. Pfeiffer (M. D. \_\_\_\_\_)

Address 654 N. Grand St. St. Louis, Mo. Date signed 3-27-47

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

**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..... *Edwin D. M. Bennett* .....

Licensed Embalmer No..... *3024* .....

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.**