

FILED FEB 13 1948

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

2518

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **318**
 (b) Township Primary Registration District No. **1003** Registered No. **1008**
 (c) City **St. Louis** / (d) Street No.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S. if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

FORSTER, MRS. KATHERINE S
 (a) Residence, No. **6251 McPherson Ave.** St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **F. /** 4. COLOR OR RACE **W.** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Marquard Forster**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **7-2-1865**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 6 28

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **At Home**
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**

13. NAME **Louis Schlosstein**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **Josephine Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **Mrs. Briggs Hoffmann**
 (ADDRESS) **4954 Lindell Blvd.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Bellefontaine** DATE **2-2-48**, 19..

19. FUNERAL DIRECTOR **Arthur J. Donnelly**
 (ADDRESS) **3840 Lindell Blvd.**

20. FILED **JAN 31 1949** **J. T. Breese**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1/30/48**, 19..

22. I HEREBY CERTIFY, That I attended deceased from **1/15/39**, 19.., to **1/30/48**, 19..

I last saw him alive on **1/30/48**, 19.. Death would have occurred on the date stated above, at **10.45 PM**.
 The principal cause of death and related causes of importance were as follows:

Art. scler. heart disease Date of onset **1941**
Coronary heart failure **1941**
Many attacks

Other contributory causes of importance: **Hypertension** **20 yr**

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) **A. J. Donnelly**, M. D.

(Address) **Humboldt and Bluff**

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No..... or by....., Registered Apprentice No.....
working under my personal supervision.

Signed W. H. Van Matre.....
Licensed Embalmer No. 2825.....

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.)