

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 3779

FILED APR 30 1948 318  
Registration District No. 318

1003

Registrar's No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County..... St. Louis

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

(c) Name of hospital or institution..... St. Johns 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..... Missouri (b) County..... St. Louis

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

(d) Street No..... 5755 Riverview Blvd. 9  
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME..... Margaret Forsing

3. (b) If veteran, name war..... -

3. (c) Social Security No. None

4. Sex..... Female / 5. Color or race..... White

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

6. (b) Name of husband or wife.....

6. (c) Age of husband or wife if alive..... 1901 years

7. Birth date of deceased..... June 27 1901  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	46	9	24	hr. min.

9. Birthplace..... St. Louis Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation..... Nil

11. Industry or business.....

12. Name..... George Forsing

13. Birthplace..... Ohio /  
(City, town, or county) (State or foreign country)

14. Maiden name..... Hattie Huber

15. Birthplace..... St. Louis Missouri 0  
(City, town, or county) (State or foreign country)

16. (a) Informant..... Anna Everhardt

(b) Address..... 4820 Kossuth Ave.

17. (a) Burial (b) Date thereof..... 4/23/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... SS Peter & Paul

18. (a) Signature of funeral director..... Stroot-Carroll

(b) Address..... 4600 Natural Bridge Ave.

19. (a) APR 21 1948 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... April day..... 21  
year..... 1948 hour..... 3 minute..... A M.

21. I hereby certify that I attended the deceased from..... 1935, 19....., to..... 4/21/48, 19.....  
that I last saw her alive on..... 4/21/48, 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
*Right sided heart failure*

Due to..... Long continued *asthma & emphysema* 15 yr.

Due to.....

Other conditions..... (Include pregnancy within 3 months of death)

Major findings: Of operations..... 95

Of autopsy.....

PHYSICIAN

Underline the cause of 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..... 157 Stack (M. D. or other) *med*

Address..... 3104 Washington Date signed..... 4/21/48

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

MOTHER FATHER

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 \_\_\_\_\_

*J. Allen Davis*

Licensed Embalmer No. 4053

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.