

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

24279
6704

Registration District No.

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

318

- (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:
4335 Osceola
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Charles P. Foerstel

3. (b) If veteran, name war ---- 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Minnie 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased April 25 1887
(Month) (Day) (Year)

8. AGE: Years 61 Months 3 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation Samuel Shoe Co.

11. Industry or business

Frank Foerstel

12. Name St. Louis Missouri
(City, town, or county) (State or foreign country)

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

14. Maiden name Louise Reuse

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

16. (a) Informant Minnie Foerstel

(b) Address 4335 Osceola

17. (a) Burial (b) Date thereof. 8/2/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Wasko - Welder

(b) Address 3634 Gravois Ave.

19. (a) JUL 30 1948 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

1003

- (a) State Missouri (b) County foo
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. 4335 Osceola 0
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30
year 1948 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from August, 1948, to July 30, 1948;
that I last saw him alive on 7-28, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Aluekemic Leukemia with agranulocytosis Duration 3 weeks
Due to Lympho sarcoma

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 6
23. Signature Elwin J. Dull MD (M. D. or other) _____
Address 3258 Lafayette Date signed 7-30-48

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.....

Delix J. Krupin

Licensed Embalmer No. *3497*

P. O. Address. *3634 Gravois*

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.