

FILED JAN 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43186

04836

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3070 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEBSTER GROVES</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEBSTER GROVES</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>ST. JOSEPH CONVENT OF MERCY</u>		d. STREET ADDRESS (If rural, give location) <u>733 LAKELEDE STATION ROAD</u>	
3. NAME OF DECEASED a. (First) <u>SISTER MARY</u> b. (Middle) <u>JOSEPHINE</u> c. (Last) <u>FOERSTER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 31 1949</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>FEB. 17-1876</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RELIGIOUS</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>73</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (State or foreign country) <u>MO. O</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>THEODORE FOERSTER</u>		13b. MOTHER'S MAIDEN NAME <u>MARY TROUCHET</u>	
14. NAME OF HUSBAND OR WIFE <u>NONE</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mother Ignatius</u> ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive C-I Disease</u> ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>March 2, 1938</u> , to <u>Dec 31, 1949</u> , that I last saw the deceased alive on <u>Dec 23, 1949</u> , and that death occurred at <u>7:30 P.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Carl A. Heine</u> (Name or title)		23b. ADDRESS <u>Embold Rd, Bldg</u>	
23c. DATE SIGNED <u>1-1-50</u>		24a. BURIAL, CREMATION REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>JAN 5 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SISTERS OF MERCY CEM.</u>	
24d. LOCATION (City, town, or county) (State) <u>WEBSTER GROVES MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter L. Mullen</u> ADDRESS <u>516 S. Adams</u>	
DATE REC'D BY LOCAL REG. <u>1-1-50</u>		REGISTRAR'S SIGNATURE <u>Robert R. Dombrowski</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed H. J. Jarvis

Licensed Embalmer No. 2384

P. O. Address H. Jarvis

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.