.S. No. 300
Rev. 10-48

FILED MAR 23 1950

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 10435

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2304

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

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
c. LENGTH OF STAY (in this place): 40 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1209 No. EUCLID AVE.,

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: 1209
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS, 0
d. STREET ADDRESS (If rural, give location): 1209 No. Euclid AVE.

**3. NAME OF DECEASED** (Type or Print)
a. (First): MICHAEL
b. (Middle): JOHN
c. (Last): FOERSTEL.

**4. DATE OF DEATH** (Month) (Day) (Year): March 9 1950

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed.
**8. DATE OF BIRTH**: May 21, 1865.
**9. AGE** (In years last birthday): 84. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Retired..
**10b. KIND OF BUSINESS OR INDUSTRY**: Merchant.
**11. BIRTHPLACE** (State or foreign country): St. Louis, Missouri.
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Michael Foerstel.
**13b. MOTHER'S MAIDEN NAME**: Catherine Keiflein.
**14. NAME OF HUSBAND OR WIFE**: Sophia C. Foerstel.

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): no. (If yes, give war or dates of service): no.
**16. SOCIAL SECURITY NO.**: none.
**17. INFORMANT'S SIGNATURE OR NAME** ADDRESS: Michael L. Foerstel, 1209 N. Euclid Ave.,

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cardiovascular Renal
DUE TO (c) Disease Hypertension — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Diabetes Mellitus — 5 yrs

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☐ NO ☒

**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): 4201
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* Jan 19, 1948, *to* March 9, 1950, *that I last saw the deceased alive on* 3-9, 1950, *and that death occurred at* 5:00A *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Everett D. Savaur M.D.
**23b. ADDRESS**: 6078 - Grand Blvd.
**23c. DATE SIGNED**: 3/9/50

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Entombment.
**24b. DATE**: March 13, 1950.
**24c. NAME OF CEMETERY OR CREMATORY**: Oak Grove Mausoleum,
**24d. LOCATION** (City, town, or county) (State): 7800 St. Charles Road.

DATE REC'D BY LOCAL REG.: MAR 9 1950
REGISTRAR'S SIGNATURE: J. B. Lasater
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: C.R.Lupton & Sons; 7233 Delmar Blvd.,

(Licensed Embalmer's Statement on Reverse Side)

## 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 Clarence H. Murray

Licensed Embalmer No. 4011.

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.**