

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 3087

FILED FEB 3 1953

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>0753</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>			
c. LENGTH OF STAY (In this place) _____				d. STREET ADDRESS (If rural, give location) <b>6410 Devonshire Ave.</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6410 Devonshire Ave.</b>				e. STREET ADDRESS <b>14</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>JOHN</b>		b. (Middle) <b>LOUIS</b>		c. (Last) <b>FOERSTNER</b>	
4. DATE OF DEATH		(Month) <b>Jan.</b>		(Day) <b>20</b>		(Year) <b>1953</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Oct. 20, 1873</b>		9. AGE (In years last birthday) <b>79</b>	10. IF UNDER 1 YEAR Months _____ Days _____
11. BIRTHPLACE (City and State or Foreign Country) <b>Traffic Mgr. (Retired) J &amp; L Steel Barrel Co. Germany</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Christian Foerstner</b>		13b. MOTHER'S MAIDEN NAME <b>Caroline Brenner</b>	
14. NAME OF HUSBAND OR WIFE <b>Mary Ellen Foerstner</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Harry L. Foerstner</b>	
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Crony Occlusion</b> ANTECEDENT CAUSES <b>Crony Sclerosis</b> 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.		20. INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>		21. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. DATE OF OPERATION _____		21. MAJOR FINDINGS OF OPERATION _____	
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) (Min.) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>4201</b>		22. I hereby certify that I attended the deceased from <b>Nov. 1, 1952</b> to <b>Jan. 21, 1953</b> that I last saw the deceased alive on <b>Jan. 20, 1953</b> and that death occurred at <b>6:15 P.M.</b> from the causes and on the date stated above.		23a. SIGNATURE <b>J.B. J. J. J.</b> (Degree or title) _____	
23b. ADDRESS <b>539 N. Grand St. St. Louis</b>		23c. DATE SIGNED <b>1/21/53</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Jan. 23, 1953</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cemetery</b>		24d. LOCATION (City, town, or county) <b>St. Louis Co. Mo.</b> (State) _____		25. FUNERAL DIRECTOR'S SIGNATURE <b>Kriegshauser</b>		25. ADDRESS <b>4228 S. Kingshighway Bl.</b>	
DATE RECD BY LOCAL <b>JAN 22 1953</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Kriegshauser</b>		25. ADDRESS <b>4228 S. Kingshighway Bl.</b>	

(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 William B. White

Licensed Embalmer No. 4291

P. O. Address 42284 Knipsly Lane

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.