

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27981

BIRTH NO. _____		REG. DIST. NO. <u>310</u>		PRIMARY REG. DIST. NO. <u>3058</u>		Registrar's No. <u>205</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Saint Charles</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>St. Charles</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Saint Charles</u>		c. LENGTH OF STAY (In this place) <u>5 hours</u>		c. CITY OR TOWN <u>Saint Charles</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Saint Joseph's Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>231 Jackson</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <u>Rosa</u>	b. (Middle) <u>B.</u>	c. (Last) <u>Forstmann</u>	Month <u>Aug.</u>	Day <u>14,</u>	Year <u>1956</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Sept. 27, 1874</u>	9. AGE (In years last birthday) <u>81</u>	Months <u>10</u>	Days <u>17</u>	IF UNDER 1 YEAR Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>seamstress</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Saint Charles, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Frank Forstmann</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Arb</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 date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Marie Forstmann, Saint Charles, Mo.</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>				<u>1 day</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				<u>104M-</u>	
		DUE TO (b) <u>Gen. arterio Sclerosis</u>					
		DUE TO (c) <u>Re Hypertension</u>				<u>1 day</u>	
		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				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
						<u>332X</u>	
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?			
22. I hereby certify that I attended the deceased from <u>6-14-1953</u> to <u>8-14-56</u> 19 <u>56</u> , that I last saw the deceased alive on <u>8-14-56</u> , and that death occurred at <u>8:20 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. J. [Signature]</u>		(Degree or title) <u>(M)</u>		23b. ADDRESS <u>Saint Charles, Mo.</u>		23c. DATE SIGNED <u>August 15, 1956</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 17, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Saint Peter's Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Saint Charles, Mo.</u>	
DATE REC'D BY LOCAL REG <u>Aug 15 1956</u>		REGISTRAR'S SIGNATURE <u>Harriet Hamilton</u>		FUNERAL DIRECTOR'S SIGNATURE <u>R. C. Dalmeyer</u>		ADDRESS <u>Saint Charles, Mo.</u>	

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

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.....
Signature of Student Embalmer

Signed *Frank R. Amal...*

Licensed Embalmer No. *482*

P. O. Address *St. Charles*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.