

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002943
State File No.

FILED JAN 28 1959

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 385

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 21 Yrs		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis State Hospital		e. STREET ADDRESS (If rural, give location) 2139 5400 Arsenal St.			
3. NAME OF DECEASED (Type or Print) a. (First) LOUIS		b. (Middle) J.		c. (Last) FORSTER	
4. DATE OF DEATH (Month) (Day) (Year) Jan. 11, 1959		5. SEX Male <input checked="" type="radio"/>		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3		8. DATE OF BIRTH Sept. 28, 1891		9. AGE (In years last birthday) 67	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Louis Forster Sr.		13b. MOTHER'S MAIDEN NAME Louise Berberich	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. None		16. SOCIAL SECURITY NO. 488-09-6334	
17. INFORMANT'S SIGNATURE OR NAME Lydia Landherr		17. ADDRESS 8904 So. Grand		(25)	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic bronchogenic carcinoma in brain (primary removed), right lung and hilar nodes. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) 16218			
II. OTHER SIGNIFICANT CONDITIONS Arteriosclerotic & syphilitic heart disease Conditions contributing to the death but not related to the disease or condition causing death. CNS lues.		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" 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) (Minute)		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 April 12, 1957, to Jan. 11, 1959, that I last saw the deceased alive on Jan. 11, 1959, and that death occurred at 10:35 a.m., from the causes and on the date stated above.			
23a. SIGNATURE Joseph Shuman, M.D. (Degree or title) Joseph Shuman		23b. ADDRESS 5400 Arsenal St.		23c. DATE SIGNED 1-11-59	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Jan. 14, 1959		24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis (23) Mo.		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JAN 12 1959		25. FUNERAL DIRECTOR'S SIGNATURE Ted Fendler Und. Co. 7420 Michigan Ave	

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 *W. G. Peterson*.....

Licensed Embalmer No. *376*.....

P. O. Address *7420 Michigan*.....

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. 3