

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

16672

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1008**

City **St. Louis** (No. **City Hosp.**)

File No. ....

Registered No. **5201**

St. ....

Ward) .....

**2. FULL NAME**

(a) Residence. No. **3105 no. 12th St.**

(Usual place of abode)

**26** Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **15** yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **single**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **mar. 23 - 1914**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<b>17</b>	<b>1</b>	<b>6</b>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **Furniture worker**  
 (b) General nature of industry, business, or establishment in which employed (or employer) **47**  
 (c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) **Texas**

**10. NAME OF FATHER**

**Jack Forte**

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) **Texas**

**12. MAIDEN NAME OF MOTHER**

**Wada Worey**

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) **Ohio**

**14. HOSPITAL INFORMATION**

(Address) **City Hospital**

**15. FILED**

19**31**

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **April 29<sup>th</sup> 1931**

17. I HEREBY CERTIFY, That I attended deceased from **April 22<sup>nd</sup> 1931** to **April 29<sup>th</sup> 1931** that I last saw him alive on **April 29<sup>th</sup> 1931** and that death occurred, on the date stated above, at **2:20 P. M.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Lobar Pneumonia**

**108**

CONTRIBUTORY (SECONDARY)

**108** (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? **no** DATE OF

WAS THERE AN AUTOPSY? **refused**

WHAT TEST CONFIRMED DIAGNOSIS? **Plumser & Ray's lab**

(Signed) **Recherman**, M. D.

**429**, 19**31** (Address) **City Hosp.**

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

DATE OF BURIAL

**Friedence Cemetery**

**May 2<sup>d</sup> 1931**

**20. UNDERTAKER**

ADDRESS

**Edward Koch**

**3516 N. 14<sup>th</sup>**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

2012