

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

Do not use this space.

MAY 25 1934

14562

1. PLACE OF DEATH

County Registration District No. **791 791**
 Township **St. Louis Mo.** Primary Registration District No. **1003 1003**
 City **St. Louis Mo.** (No. **Mo. Baptist Hospital**) St. Ward)

File No.
 Registered No. **3746**

2. FULL NAME

Joseph Elmer Fore
 (a) Residence, No. **4249 3 Norfolk** St., **18** Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 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) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF **Melma A Fore**
 (or) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan 15 - 1895**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
39 2 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Labourer**
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Century Foundry Co.**
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Rolla Mo.**

MOTHER FATHER 13. NAME **James Fore**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Rolla Mo.**

15. MAIDEN NAME **Mary Grace**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Rolla Mo.**

17. INFORMANT **Melma A. Fore**
 (ADDRESS) **4249 3 Norfolk Ave**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Herman Mo.** DATE **Apr 15 1934**

19. UNDERTAKER **Edith C. Ambrose**
 (ADDRESS) **4234 3rd Street St. Louis**

20. FILED **11 1934**
J. Brebeck
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 11 - 1934**

22. I HEREBY CERTIFY, That I attended deceased from **4/7 - 1934**, to **4/11 - 1934**

I last saw him/her on **4/11 1934** Death is said to have occurred on the date stated above, at **1:45 a. m.**

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset **4/6/34**

Other contributory causes of importance: **work**

Name of operation **none** Date of
 What test confirmed diagnosis? **Physician's Exam 20**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **no**
 If so, specify

(Signed) **E. A. Edwards**, M. D.

(Address) **4030 Chouteau**

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.

