MAY 27 1936

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

Do not use this space.

18064

File No.

Registered No. 46

1. PLACE OF DEATH
County St Louis — Registration District No. 1160
Township — Primary Registration District No. 4470
City University City (No. 6342 Pershing Ave St. Ward)

2. FULL NAME Gus S. Forcier
(a) Residence, No. 6342 Pershing Ave St., Ward.
(Usual place of abode) (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 (OR) WIFE OF Henrietta T. Forcier

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14th 1883

7. AGE: Years 52 — Months 10 — Days 21 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oil & Coal
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dealer
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) Meridan Conn

FATHER
13. NAME Eugene Forcier
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Meridan Conn

MOTHER
15. MAIDEN NAME Mary Cunningham
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Meridan Conn

17. INFORMANT (ADDRESS) Ruth Forcier 6342 Pershing Ave

18. ~~BURIAL~~, CREMATION, OR ~~REMOVAL~~
PLACE Valhalla DATE April 7 1936

19. UNDERTAKER (ADDRESS) Wagoner and Co 3621 Olive St.

20. FILED April 6 1936 Leon V. Moeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 5 1936

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1936, to Apr. 5, 1936
I last saw him alive on Apr. 5, 1936. Death is said to have occurred on the date stated above, at 1.15 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	
Over	

Other contributory causes of importance:
Angina pectoris
Coronary thrombosis

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external cause (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.
Nature of injury —
Means of injury —

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify —
(Signed) F. Reder, M. D.
(Address) 607 N. Grand Ave.

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.

This certificate OK'd by Coroner due to fact of sudden death.
Previously had attack of influenza, suddenly and abruptly developed an attack causing a sudden demise.