

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.

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH** 791

37460  
 Do not use this space.

DEC 12 1938

**1. PLACE OF DEATH**

(a) County ..... 2 Registration District No. **1003**  
 (b) Township ..... Primary Registration District No. .... Registered No. **9787**  
 (c) City ..... (d) Street No. **3129 Delmar Blvd.** St. ....  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

**653 EVELYN F. FORSTER-THORNTON**  
 (a) Residence, No. **3129 DELMAR** St. **21** (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>FEMALE</b>	4. COLOR OR RACE <b>COLORED</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>MARRIED</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>THORNTON</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>SEPT. 4-1918</b>		
7. AGE	YEARS <b>20</b>	MONTHS <b>2</b>
	DAYS <b>5</b>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <b>seamstress</b>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <b>U. P. A</b>	
	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) <b>St. Louis, Mo.</b>		
FATHER	13. NAME <b>Norman Forster</b>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Miss.</b>	
MOTHER	15. MAIDEN NAME <b>EVA HOLEMAN</b>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Starkville, Miss.</b>	
17. INFORMANT (ADDRESS) <b>EVA HOLEMAN 3129 DELMAR</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>FATHER-DICKERSON</b> DATE <b>11-14-38</b>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <b>WATSON AND SON 2169 CHOUTEAU AVE</b>		
20. FILED 19 <b>31 Bredeck</b> Local Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 9, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Oct. 28, 1938** to **Nov. 9, 1938**  
 I last saw HER alive on **Nov. 9, 1938** Death is said to have occurred on the date stated above, at **6:10 AM**.  
 The principal cause of death and related causes of importance were as follows:  
**Primary Lobar Pneumonia**  
 Date of onset **Oct. 27, 1938**

Other contributory causes of importance:  
**108**

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....  
 If so, specify **None** (Signed) **W. Brown**, M. D.  
 (Address) **2317 1/2 Franklin**

NOV 12 1938

**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 \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. 2698

P. O. Address 2769 Chouteau

**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 this body is not embalmed, above space should be left blank.**