

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 34070
Registrar's No. 8767

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4581 Cote Brillante Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether
In this community About 30 years
years, months or days)

3. (a) PRINT FULL NAME Helen Forcen

8. (b) If veteran, name war ----- 3. (c) Social Security No. -----

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Stanford Forcen 6. (c) Age of husband or wife if alive years

7. Birth date of deceased September 13th, 1892
(Month) (Day) (Year)

8. AGE: Years 48 Months 1 Days 5 If less than one day hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Houseswife

11. Industry or business -----

MOTHER FATHER { 12. Name John Allen
13. Birthplace Cape Girardeau Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Brown
15. Birthplace Cape Girardeau Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Nellie Stanton
(b) Address 4581 Cote Brillante Ave.

17. (a) Removal (b) Date thereof 10-26-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cape Girardeau, Mo.

18. (a) Signature of funeral director Chas. Bates
(b) Address 4107 Finney Avenue

19. (a) OCT 24 1940 (b) J. H. Giddens
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County -----
(c) City or town St. Louis 11
(If outside city or town limits, write "RURAL")
(d) Street No. 4581 Cote Brillante Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ----- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 23rd
year 1940 hour 4:15 minute a M.

21. I hereby certify that I attended the deceased from October 13th, 1940 to October 23rd, 1940
that I last saw her alive on October 22nd, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Insufficiency Duration 8mos.

Due to Pthisis, Pulmonary 8 mos.

Other conditions -----
(Include pregnancy within 3 months of death)

Major findings: Of operations ----- PHYSICIAN -----
Of autopsy ----- Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) -----
(b) Date of occurrence -----
(c) Where did injury occur? ----- (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? -----

While at work? ----- (Specify type of place) (e) Means of injury -----

23. Signature J. H. Giddens (M. D. or other)
Address 1005 N. Leffingwell Date signed 10-24-40

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

A. J. Frost Jr.

, Registered Apprentice No.

2035

working under my personal supervision.

Signed

Amelia A. Shneour

Licensed Embalmer No.

3522

P.O. Address *4107 Finney Ave.*

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.