

STANDARD CERTIFICATE OF DEATH

State File No.

4337

1449

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County.....
(b) City or town. St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2903 A N. Jefferson Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community. 66 Years
years, months or days)

3. (a) PRINT FULL NAME Mary Cecelia Forrest

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

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

6. (b) Name of husband or wife. Frank Forrest 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased. March 17, 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 10 29
hr. min.

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

10. Usual occupation Housework

11. Industry or business.....

MOTHER FATHER { 12. Name Fred LaTour

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name. Unknown

15. Birthplace. Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant. Louis Forrest

(b) Address. 2903A N. Jefferson Ave.

17. (a) Burial (b) Date thereof. Feb. 18, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Calvary Cemetery

18. (a) Signature of funeral director. Wm. G. Paschedag
(b) Address. 2825 N. Grand Blvd.

19. (a) FEB 16 1942 J. T. Bredeck
(Date received for local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. 20
(c) City or town. St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2903A N. Jefferson Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 16th
year. 1942 hour. 12 minute. 45 A. M.

21. I hereby certify that I attended the deceased from
2000 10:11 to Feb 15 1942
that I last saw him alive on Feb 11 1942
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration

Ch. myocarditis

Due to.....

Due to.....

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

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN
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?
(Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature. A. M. Dewing (M.D. or other) MD
Address. 2342 Astor Ave. Date signed. 2/16/42

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 *J. W. Dunkley*
Licensed Embalmer No. *3653*
P. O. Address *Sh. Lewis 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, fact should be so stated above.