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V. S. No. 2
OM-9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 6 1942 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registration District No. _____ Primary Registration District No. **1003** Registrar's No. **5310**

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

1. PLACE OF DEATH:
(a) County **St. Louis, Missouri**
(b) City or town _____
(c) Name of hospital or institution: **St. Louis City Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 Mo. 17 Days**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mary L. Forbes**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **FEMALE** 5. Color of race **WHITE** 6. (a) Single, widowed, married, divorced **SINGLE**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Month) (Day) (Year)

7. Birth date of deceased **APRIL 11 1878**
(Month) (Day) (Year)

8. AGE: Years **64** Months **2** Days **7** If less than one day hr. min.
9. Birthplace **ST. LOUIS MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **MATRON TRAVELERS AID**

11. Industry or business
12. Name **THOMAS FORBES**
13. Birthplace **ST. LOUIS MO**
(City, town, or county) (State or foreign country)

14. Maiden name **ELLEN KENNEDY**
15. Birthplace **ST. LOUIS MO**
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS. B. LISTON**
(b) Address **904 PURDUE AVE. UNIVERSITY CITY**
17. (a) **BURIAL** (b) Date thereof **6-22-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **CALVARY CEMETERY**
18. (a) Signature of funeral director **Arthur J. Donnelly**
(b) Address **3840 Lindell Blvd**
19. (a) **JUN 20 1942** (b) **J. T. Braden**
(Date of local filing) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MO.** (b) County **17**
(c) City or town **ST. LOUIS**
(If outside city or town limits, write "RURAL")
(d) Street No. **3946 RUSSELL AVE.**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **18,** 19 **42**
year **1942** hour **9:30** minute **P.** M.
21. I hereby certify that I attended the deceased from **May 1, 1942** to **June 18, 1942**
that I last saw her **er** alive on **June 18, 1942**
and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerotic Heart Disease**
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy **refused**

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 **[Signature]** (M. D. or other) **6/19/42**
Address **1515 Lafayette Avenue** Date signed _____

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

Stanley Marshall

Licensed Embalmer No.

2868

P. O. Address

3840 Kudell

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.