V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

1836

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 23 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35377

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9449

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: City Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4-days (Specify whether years, months or days)
In this community 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 0000 17
(c) City or town St. Louis 9 19
(If outside city or town limits, write "RURAL")
(d) Street No. 718 N. Vandeventer Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Frank F. Forman
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M. 0
5. Color or race W.
6. (a) Single, widowed, married, divorced 2 W.
6. (b) Name of husband or wife Marjorie Forman
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 4th., 1883 (Month) (Day) (Year)

8. AGE: Years 59 Months 8 Days 6 If less than one day hr. min.

9. Birthplace (City, town, or county) Ill. 1 (State or foreign country)
10. Usual occupation Musican
11. Industry or business
FATHER 12. Name Wm. Forman
13. Birthplace (City, town, or county) N.Y. 1 (State or foreign country)
MOTHER 14. Maiden name Anna Leslie
15. Birthplace (City, town, or county) Ill. 1 (State or foreign country)
16. (a) Informant Mrs. Libby Fox
(b) Address 6309 Ella Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-13-1942 (Month) (Day) (Year)
(c) Place: burial or cremation New Pickers
18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.
19. (a) NOV 12 1942 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 10th., year 1942 hour 8 minute 30 a.m.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Subdural Hemorrhage of Brain
Oedema of Brain when struck
by one Bert Edward Burley
in a Restaurant at 706 N Vandeventer
ave 11-7-1942 at about 2 am
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

Duration

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) Criminal Homicide
(b) Date of occurrence 11-7-42
(c) Where did injury occur? St Louis (City or town) Mo (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)
While at work? (e) Means of injury 3
23. Signature Alfred J. Perry (M. D. or other)
Address Deputy Coroner Date signed 11/11/42

(Licensed Embalmer's Statement on Reverse Side)

Coroner's Office

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 Lindell Bla

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.