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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 10 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

3406 /

State File No. 0

Registration District No. 78X Primary Registration District No. 111 Registrar's No. 16

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

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town RICHMOND HEIGHTS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. MARY'S HOSPITAL 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 WEEKS (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 005
(a) State MO. (b) County 10
(c) City or town ST. LOUIS 5
(If outside city or town limits, write "RURAL")
(d) Street No. 3970 RUSSELL BLVD.
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country //

3. (a) PRINT FULL NAME MARY FORREST

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

4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ANDREW FORREST
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased AUG. (Month) 18, (Day) 1873 (Year)

8. AGE: Years 69 | Months 4 | Days 14 | If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO. 0 (State or foreign country)
10. Usual occupation AT HOME
11. Industry or business
FATHER
12. Name DANIEL HALLEY
13. Birthplace (City, town, or county) IRELAND 4 (State or foreign country)
MOTHER
14. Maiden name JANE DARBY
15. Birthplace (City, town, or county) IRELAND 4 (State or foreign country)
16. (a) Informant FLORENCE FORREST
(b) Address 3970 RUSSELL BLVD.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 5, 1943 (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) JAN 5 - 1943 (Date received local registrar) (b) C. G. McGarron MD (Registrar's signature) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 2, year 1943 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from ~~Jan~~ Dec 15, 1942 to Jan 2, 1943 that I last saw her alive on Jan 2, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lobar Pneumonia	2 weeks
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Left hemiplegia	5 yrs.

Major findings:
Of operations
Of autopsy

108

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 R. A. Russella O (M. D. or other)
Address 3720 Washington Date signed 1/4/43

(Licensed Embalmer's Statement on Reverse Side)

APR 28 1944

Mr Kenneth Ce

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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.