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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22879

FILED JUN 25 1943

Registration District No. 7

Primary Registration District No. 6076

Registrar's No. 144

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Creve Couer Lake
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000 17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 1512A N. Market St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country /

3. (a) PRINT FULL NAME Mrs. Alma Forshee

3. (b) If veteran, name war None

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 Charles Dec

6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased Sept (Month) 9 (Day) 1914 (Year)

8. AGE: Years 29 Months 9 Days 12 If less than one day hr. min.

9. Birthplace Lyford (City, town, or county) Ind. (State or foreign country) /

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Jasper E. Reid

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

MOTHER 14. Maiden name Minnie Cornell

15. Birthplace Stark County (City, town, or county) Ind. (State or foreign country) /

16. (a) Informant George Forshee

(b) Address 1429A Benton St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-24-43 (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cem.

18. (a) Signature of funeral director Cullinane Bros.

(b) Address 1710 N. Grand, St. Louis, Mo.

19. (a) JUN 22 1943 (Date received local registrar) (b) C. D. McHarrantyd (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21 year 1943 hour 3:30 minute 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 Drowned while riding in a motor boat. (Duration)

Due to Lungs filled with water.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Yes.

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) Accident 096

(b) Date of occurrence June 21, 1943

(c) Where did injury occur? Creve Coeur Lake (City or town) (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

23. Signature Louis H. Lozier M. D. (M. D. or other)

Address Kirkwood, Mo. 6-22-43 Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.