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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 8 1944

Registration District No. 1318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 26219

Registrar's No. 7628

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: St. John's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1½ days (Specify whether years, months or days)

In this community 65 Years

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

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

(d) Street No. 5742 Page Avenue (If rural, give location) 5

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

If yes, name country 0

3. (a) PRINT FULL NAME WILLIAM J FORLINE JR

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Daisy I. Forline

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased 7 (Month) 3 (Day) 1866 (Year)

8. AGE: Years 78 Months 1 Days 29 If less than one day hr. min.

9. Birthplace Louisville (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation Clerk- Ret'd

11. Industry or business Wabash R. R.

FATHER
12. Name William J. Forline
13. Birthplace Unk 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Elizabeth Mc Elwains
15. Birthplace Unk 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Charles I. Forline

(b) Address 8510 Orchard Avenue, U. City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 5 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Alexander & Son

(b) Address 6175 Delmar Blvd.

19. (a) SEP 4 1944 (Date received local registrar) (b) J. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sep. day 2 year 1944 hour 12 minute P. M.

21. I hereby certify that I attended the deceased from Dec. 9, 1944, to Sep. 2, 1944, that I last saw him alive on Sep. 12, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic Coma — Duration

Due to Diabetes Mel.

Due to

Other conditions Senility (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 0

23. Signature Carwhite (M. D. or other) M.D.

Address 634 N. Grand Date signed 9-4-44

(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 Thomas R. Fenwick

Licensed Embalmer No. 3793

P. O. Address St Louis, Mo 6175 Delma

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.