

No. 2
-2-43
-17-39
X38697

31620

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 221

FILED OCT 11 1944
Registration District No. 206

Primary Registration District No. 6048

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

1. PLACE OF DEATH:

(a) County St. Charles

(b) City or town rural St. Peters, Mo.
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 14 years / (Month) (Day) (Year)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles ⁹²

(c) City or town St. Peters rural ^U
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Mary Baker Forster

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 James 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Dec. 24 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>9</u>	<u>5</u>	hr. _____ min. _____

9. Birthplace Cooper Hill Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name Dave Baker

13. Birthplace unknown ⁹
(City, town, or county) (State or foreign country)

14. Maiden name Emily Roark
(City, town, or county) (State or foreign country)

15. Birthplace unknown ⁹
(City, town, or county) (State or foreign country)

16. (a) Informant James Forster

(b) Address RR 2, St. Charles, Mo.

17. (a) Burial (b) Date thereof 10-2-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cattleville, Mo.

18. (a) Signature of funeral director Geo. Stegwater
(b) Address St. Peters, Mo.

19. (a) Oct 3-44 (b) E. A. Keithley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 29
year 1944 hour 8 minute 30 AM.

21. I hereby certify that I attended the deceased from Sept-28 1944 to SEPT-28 1944 that I last saw her alive on SEPT-28-44-10:30pm and that death occurred on the date and hour stated above.

Immediate cause of death EDEMA PLEURISY WITH Duration _____

Due to MYOCARDITIS

Due to _____

Other conditions (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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. P. Harrington (Date of or other) DO
Address St. Charles Mo Date signed 9-30-44

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 10-10-44

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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed E. Keilly

Licensed Embalmer No. 872

P. O. Address Dallas Mo

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.