

MAR 16 1945

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **2221**

1. PLACE OF DEATH:

(a) County St. Louis
(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. Louis Childrens Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Forrest Maurice Wise, 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 single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 19, 1944
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
6 19 hr. _____ min. _____

9. Birthplace St. Louis
(City, town, or county) (State or foreign country)

10. Usual occupation infant

11. Industry or business _____

12. Name Joseph H. Wise

13. Birthplace St. Louis
(City, town, or county) (State or foreign country)

14. Maiden name Rose Silver

15. Birthplace St. Louis
(City, town, or county) (State or foreign country)

16. (a) Informant J. H. Wise

(b) Address 727 Heman U. City

17. (a) burial (b) Date thereof 3/8/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson ave.

19. (a) MAR 8 1945 J. F. Bresick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town 727 Heman University City
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 46 N.R. 3
(e) Citizen of foreign country? 1 (Yes or No) 3
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 8
year 45 hour 6 minute 35 A.M.

21. I hereby certify that I attended the deceased from 2 - 6 - 1945 to 3 - 8 - 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure
Acute Hepatitis
Diabetes

Due to Bilateral purulent Otitis Media

Due to _____

Other conditions (Include pregnancy within 3 months of death) 119

Major findings: Of operations _____

Of autopsy none

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 Albert B. Forner (M. D. or other) _____
Address 5001 So. Kingshighway Date signed _____

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

21501 .00.
1010 10101 .00.

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 not.....
....., Registered Apprentice No.
working under my personal supervision.

Signed [Signature].....
Licensed Embalmer No. 1593.....
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.