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DOM-5-43
ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38604

FILED NOV 25 1946
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State File No.

Registration District No. Primary Registration District No. Registrar's No. 9611

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Luke's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
In this community 3 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(d) Street No. St. Luke's Hospital 8510 Orchard Ave
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country N.R.

3. (a) PRINT FULL NAME Mary Elizabeth Forline

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

4. Sex F. / 5. Color or race W. 6. (a) Single, widowed, married, divorced S

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

7. Birth date of deceased Nov. 6 1946
(Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 3 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

12. Name Charles I. Forline

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

14. Maiden name Ida Mary Rupp

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

16. (a) Informant Charles I. Forline

(b) Address 8510 Orchard Avenue

17. (a) burial (b) Date thereof 11-12-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Alexander Somo

(b) Address 6175 Delmar

19. (a) NOV 12 1946 (Date received local registrar)
J. F. Brudick (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 9
year 1946 hour 7: minute 05P. M.

21. I hereby certify that I attended the deceased from Nov 6 46
19 46 to Nov 9 19 46
that I last saw her alive on 11/9
and that death occurred on the date and hour stated above.

Immediate cause of death: Aclerema

Due to: / 6/

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

Major findings: Of operations

Of autopsy: mild bilateral atelectasis.

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? Jackson Mo
(Specify type of place) (e) Means of injury

23. Signature J. F. Brudick (M. D. or other)
Address 734 McTheater Bldg Date signed 11/11/46

Duration: 24 hr.
PHYSICIAN: Underline the cause to which death should be charged statistically.

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

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.

not embalmed

Signed..... *Thomas R. Fenwick*

Licensed Embalmer No. *3793*

P. O. Address..... *6175 Alston*

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.