

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

FILED JUN 30 1947

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5964**

1. PLACE OF DEATH:  
(a) County **St. Louis**  
(b) City or town **St. Louis**  
(c) Name of hospital or institution: **Home 3314 Lucas Ave.**  
(d) Length of stay: **16 years**  
In this community **16 years**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **000**  
(c) City or town **St. Louis**  
(d) Street No. **3314 Lucas Ave.**  
(e) Citizen of foreign country? **No**  
If yes, name country **None**

3. (a) PRINT FULL NAME **Florence Forester**  
3. (b) If veteran name war **None** 3. (c) Social Security No. **None**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **June** day **16**, year **1947** hour **8** minute **00** A. M.  
21. I hereby certify that I attended the deceased from **12-18-46** to **6-16-47**  
that I last saw **her** alive on **6-14-47** and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **Colored**  
6. (a) Single, widowed, married, divorced **Widow**  
6. (b) Name of husband or wife **Deceased**  
6. (c) Age of husband or wife if alive **-----** years  
7. Birth date of deceased **May 25, 1866**

Immediate cause of death **Hypertensive Heart Disease**  
Due to **Hypertensive Heart Disease**  
Due to **93**

8. AGE: Years **81** Months **0** Days **22** If less than one day **-----** hr. **-----** min.

9. Birthplace **Tupelo, Miss.**

10. Usual occupation **Housewife**

11. Industry or business **None**

12. Name **Lewis Barnes**

13. Birthplace **Tennessee**

14. Maiden name **Amanda Bolden**

15. Birthplace **Mississippi**

16. (a) Informant **hus Forester**

(b) Address **3314 Lucas**

17. (a) **Burial** (b) Date thereof **6-20-47**

(c) Place: burial or cremation **Father Dickson**

18. (a) Signature of funeral director **W. H. Nash**

(b) Address **3847 Page Blvd**

19. (a) **JUN 19 1947** (b) **J. F. Braddock**

Other conditions **93**  
Major findings: Of operations **93**  
Of autopsies: **93**

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? **-----**  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **-----**  
While at work **-----** (Specify type of place) (c) Means of injury **0**  
23. Signature **W. H. Nash** (M. D. or other) **-----**  
Address **3200 Lucas** Date signed **6/17/47**

PHYSICIAN  
Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

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.....

*Claudia M. Nash*

Registered Apprentice No. *#424*

working under my personal supervision.

Signed.....

*C. J. Nash*

Licensed Embalmer No. *2432*

P. O. Address *5847 Page*

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.