F. S. No. 2
0M—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40438

FILED NOV 29 1947

Registration District No. 2477

Primary Registration District No. 2002

Registrar's No. 2440

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town University City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7042 Delmar
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town University City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 7042 Delmar Blvd. 5
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Annie Laurie Forder
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 M.
6. (b) Name of husband or wife Dr. Wm. Carver Forder
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased July (Month) 12 (Day) 1877 (Year)

8. AGE: Years 70 | Months 4 | Days 14 | If less than one day ..... hr. ..... min.

9. Birthplace St. Louis, Mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation At Home
11. Industry or business

FATHER
12. Name Joseph Scott Laurie 0
13. Birthplace Marshall, Mo.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Bodine Hannah King
15. Birthplace Georgetown, Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bodine MasDonald
(b) Address 632 Lansdown, Montreal 6 P. Q.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-28-47 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine
18. (a) Signature of funeral director Alexander Sons
(b) Address 6175 Delmar
19. (a) 11-28-47 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 26
year 1947 hour 2 45 minute A. M.

21. I hereby certify that I attended the deceased from Sept 1947, to Nov 26 1947; that I last saw her alive on Nov 25 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of breast	2 years
Due to:	
Due to: 50	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: Carcinoma of breast	
Of autopsy: —	

PHYSICIAN — Underline the cause of 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 Paul O. Hagemann (M. D., or other)
Address 3720 Washington Ave. Date signed 11-26-47

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

D. Paul O. Hagemann
Beaumont Bldg
3720 Washington
NE 6[illegible]6
PA 2845
159 Linden
1 Sp. W. of Hanley
Ret Maryland
& Rosalie
7:30 P.M.

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 Jos. E. McCulloh

Licensed Embalmer No. 2460

P. O. Address 6170 Delmar

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.