S. No. 300
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v. 5-17-39
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#89524

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 13 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27700

Primary Registration District No. 100

Registrar's No. 7807

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St. Louis City Hospital-MaxC. Memorial
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. Starkloff 4453 Norfolk Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME HENRY FORE

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Minnie Fore

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Nov. (Month) 13 (Day) 1874 (Year)

8. AGE: Years 73 Months 9 Days 21 If less than one day hr. min.

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

10. Usual occupation Salesman

11. Industry or business Self

FATHER
12. Name Andrew Fore
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Manalie Malone
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Charles V. Fore
(b) Address 4453 Norfolk Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-6-48 (Month) (Day) (Year)
(c) Place: burial or cremation Newburg, Mo.

18. (a) Signature of funeral director Kriegshauser Und.
(b) Address 4228 So. Kingshighway Blvd.

19. (a) SEP 5 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 4th year 1948 hour 10 minute 55 A.M.

21. I hereby certify that I attended the deceased from 9/1/48, 19, to Sept. 4th, 19 48; that I last saw him alive on Sept. 4th, 19 48; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
a. Myocardial

Duration

Due to

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Jno. J. Mueller M.D. Address 1515 Lafayette Date signed 9/4/48

(Licensed Embalmer's Statement on Reverse Side)

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 Richard W. Stovesand

Licensed Embalmer No. 4007

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.