

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18081

FILED MAY 23 1949

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6576 Registrar's No. 887

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY o-a-l	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson Barracks, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 29 days		d. STREET ADDRESS (If rural, give location) 1434 Menard Street	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Vet. Adm. Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Irvin b. (Middle) _____ c. (Last) FORE			4. DATE OF DEATH (Month) (Day) (Year) April 10, 1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH November 4, 1909	9. AGE (In years last birthday) 39	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Store Clerk		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) Rolla, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Mose Fore	13b. MOTHER'S MAIDEN NAME Minnie Richardson	14. NAME OF HUSBAND OR WIFE Ruby
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	16. SOCIAL SECURITY NO. World-II	17. INFORMANT'S SIGNATURE OR NAME Eugene F. Nolan, Registrar	ADDRESS Vet. Adm. Hosp. Jeff. Brks. Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HEMORRHAGE, ESOPHAGEAL VARICES		INTERVAL BETWEEN ONSET AND DEATH Unknown
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) 581 8		
		DUE TO (c) 124		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Laennec's Cirrhosis of Liver				

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from **March 12, 1949**, to **April 10, 1949**, that I last saw the deceased alive on **April 10, 1949**, and that death occurred at **4:40 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE L.E. Stilwell (Degree or title) M.D. Chf. Prof. Services	23b. ADDRESS Vet. Adm. Hosp. Jeff. Brks. Mo.	23c. DATE SIGNED 4/11/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 4-11-1949	24c. NAME OF CEMETERY OR CREMATORY Rolla	24d. LOCATION (City, town, or county) (State) Mo
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DATE REC'D BY LOCAL REG. 4-13-49	REGISTRAR'S SIGNATURE Theresa...	25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Serv.	ADDRESS St. Louis, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 18 1950

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Van M Sjemen

Licensed Embalmer No. *43 43*

P. O. Address *Ottawa, 10-M*

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.