

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. **10882**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Union</u>	
c. LENGTH OF STAY (In this place) <u>5 days</u>		d. STREET ADDRESS (If rural, give location) <u>R. Washington Ave</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Anthony Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u> b. (Middle) <u>H</u> c. (Last) <u>Forsee</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-16-1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>11-2-1922</u>
9. AGE (In years last birthday) <u>27</u>		10. IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoemaker</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Columbia Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Anderson Forsee</u>		13b. MOTHER'S MAIDEN NAME <u>Clara Fox</u>	
13c. NAME OF HUSBAND OR WIFE <u>Irene Forsee</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes W.W.I</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Irene Forsee</u>		ADDRESS <u>Union Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bulbar Polomyelitis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 da</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)	
		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Union Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>fall</u>			
22. I hereby certify that I attended the deceased from <u>14 Nov</u> , 19 <u>49</u> , to <u>16 Dec</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>16 Dec</u> , 19 <u>49</u> , and that death occurred at <u>4:30 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>William P. Richardson M.D.</u>		(Degree or title)	
23b. ADDRESS <u>Union, Missouri</u>		23c. DATE SIGNED <u>17 Dec 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12-17-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Union Mo</u>	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE <u>J. B. Luster</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Mortuary</u>		ADDRESS <u>4104 Mauchester</u>	

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

DEC 19 1949

DEC 29 1949

JAN 31 1950

15882

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

J. Allen Davis Jr

Licensed Embalmer No. *4053*

P. O. Address *St Louis 10 Mo*

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.