

FILED NOV 3 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH 1003

34800  
State File No. 9022

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. <b>9022</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b>		<b>2148</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4964 Neosho</b>				d. STREET ADDRESS (If rural, give location) <b>14 4964 Neosho</b>			
3. NAME OF DECEASED a. (First) <b>Hazel</b> (Type or Print)			b. (Middle) _____			c. (Last) <b>Forgey</b>	
4. DATE OF DEATH <b>Oct 22, 1950</b>		(Month) (Day) (Year)		5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>Apr. 10, 1892</b>		9. AGE (In years last birthday) <b>58</b>		IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Circleville, Ohio</b>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <b>George Hetenhauser</b>		13b. MOTHER'S MAIDEN NAME <b>Lillian Weaver</b>		14. NAME OF HUSBAND OR WIFE <b>John Forgey</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>John Forgey</b> ADDRESS <b>4964 Neosho</b>			
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) <b>Carcinoma sigmoid</b> ANTECEDENT CAUSES <b>with metastasis to spine</b> 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.				INTERVAL BETWEEN ONSET AND DEATH <b>1 year 6 months</b>	
19a. DATE OF OPERATION <b>not op</b>		19b. MAJOR FINDINGS OF OPERATION <b>Ca. lower bowel (sigmoid).</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <b>no</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>none</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>153X</b>			
22. I hereby certify that I attended the deceased from <b>not op</b> 19__ to <b>10/22/50</b> 19__, that I last saw the deceased alive on <b>10/22/50</b> 19__, and that death occurred at <b>2:55 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>D. C. [Signature]</b> (Describe or title)				23b. ADDRESS <b>4573 S. Kings Highway</b>		23c. DATE SIGNED <b>10/23/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>10/25/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park</b>		24d. LOCATION (City, town, or county) (State) <b>St Louis County, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>OCT 24 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Basseter J</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>L Ziegenhein &amp; Sons 7027 Gravois</b>			

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

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*W. J. Peterson*

Signed.....

Student Embalmer

Licensed Embalmer No.

*3767*

P. O. Address

*7027 Gravois*

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.