

FILED MAR 2 1951

STANDARD CERTIFICATE OF DEATH

State File No. 6079
1529

BIRTH NO. 93312-50 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri, b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, 2249	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2115 Pestalozzi St.,		d. STREET ADDRESS (If rural, give location) 2115 Pestalozzi St.,	
3. NAME OF DECEASED (Type or Print) a. (First) Randolph		b. (Middle) Barry	
c. (Last) Forbeck,		4. DATE OF DEATH (Month) (Day) (Year) February 14, 1951	
5. SEX Male. 0	6. COLOR OR RACE White,	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single. 0	8. DATE OF BIRTH December 23, 1950
9. AGE (In years last birthday) 1		if UNDER 1 YEAR Months Days Hours Min. 21	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant.		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) St. Louis, Missouri, 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Frank Forbeck,		13b. MOTHER'S MAIDEN NAME Ida Kuster	
14. NAME OF HUSBAND OR WIFE		-----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Frank Forbeck,		ADDRESS 2115 Pestalozzi St.,	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial - spasm ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Neoplasms 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 20 min. 2 days.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		H7DX	
22. I hereby certify that I attended the deceased from Feb 12, 1951, to Feb 14, 1951, that I last saw the deceased alive on Feb 12, 1951, and that death occurred at 10:40 P.M., from the causes and on the date stated above.			
23a. SIGNATURE Joseph A. Mueller M.D.		23b. ADDRESS 2924 So. GRAND	
23c. DATE SIGNED 2-15-51			
24. BURIAL, CREMATION, REMOVAL (Specify) Burial, 0		24b. DATE 2/16/51	
24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery,		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri,	
DATE REC'D BY LOCAL REG. FEB 15 1951		REGISTRAR'S SIGNATURE J B Forster	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Gebken-Benz Mortuary, 2842 Meramec St.,	
		St. Louis, 18, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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 me

working under my personal supervision.

Student Embalmer No.

Signed Joe B. Benz

Signed.....
Student Embalmer

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St.,
St. Louis, 18, 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.