

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38999

FILED DEC 15 1951

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

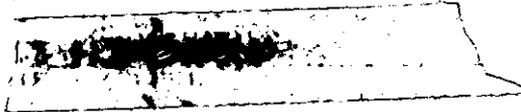
State File No. 10758
Registrar's No. 10758

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

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) ST. LOUIS, MO		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS, MO	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3049a Fair Ave.		f. STREET ADDRESS 3649A FAIR AVE	
3. NAME OF DECEASED (Type or Print) a. (First) MILDRED b. (Middle) FORREST c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) DEC 2 1951	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG 3 1908
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK		10b. KIND OF BUSINESS OR INDUSTRY TELEPHONE CO.	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 4 WKS. Hours Min. 43
11. BIRTHPLACE (State or foreign country) ST. LOUIS, MO		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME ANTHONY MENNEMEYER		13b. MOTHER'S MAIDEN NAME ANN MENNEMEYER	14. NAME OF HUSBAND OR WIFE FRANK FORREST
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. 497-10-5788	17. INFORMANT'S SIGNATURE OR NAME FRANK FORREST ADDRESS 3049a FAIR AVE
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Abdominal Carcinomatosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma Ovary? 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 7/24/51		19b. MAJOR FINDINGS OF OPERATION Inoperable Ca of pelvic structures & metastatic nodules throughout omentum	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. PLACE OF INJURY (s.e., 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 1175X			
22. I hereby certify that I attended the deceased from July 2, 1951, to Dec 2, 1951, that I last saw the deceased alive on Dec 1, 1951, and that death occurred at 2:15 p.m., from the causes and on the date stated above.			
23a. SIGNATURE C. H. Lindeman M.D.		23b. ADDRESS 4126 th Shrew Ave	
23c. DATE SIGNED 12/3/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE DEC 5 1951	
24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY		24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO	
25. FUNERAL DIRECTOR'S SIGNATURE SULLIVAN FUN DIR		ADDRESS 2849 N EUCLID.	

DATE REC'D BY LOCAL REG.
12-4 1951

REGISTRAR'S SIGNATURE
Paul Smith M.D.



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.....

Gustav A. ...

Signed.....

Student Embalmer

Licensed Embalmer No. 4329

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.