

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30306

State File No.

FILED SEP 9 - 1952

BIRTH MO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 2290

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

| | | | |
|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Monroe</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond Heights</u> c. LENGTH OF STAY (If this place) <u>7 days</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u> 8120 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u> | | d. STREET ADDRESS (If rural, give location) <u>808 N Metter</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Bernard</u> b. (Middle) <u>C.</u> c. (Last) <u>Forbeck</u> | | 4. DATE OF DEATH (Month) <u>9</u> (Day) <u>11</u> (Year) <u>1952</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u> | 8. DATE OF BIRTH <u>5/5/1897</u> |
| 9. AGE (16 years last birthday) <u>55</u> | IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> | IF UNDER 2 HRS. Hours <u>0</u> Min. <u>0</u> | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck driver</u> |
| 10b. KIND OF BUSINESS OR INDUSTRY <u>Stone Quarry</u> | 11. BIRTHPLACE (State or foreign country) <u>Illinois</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Charles Forbeck</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Ellerdick</u> | |
| 14. NAME OF HUSBAND OR WIFE | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If yes, give war or dates of service) | |
| 16. SOCIAL SECURITY NO. <u>343-0712381</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Joseph Forbeck</u> ADDRESS <u>Missouri</u> | |
| 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) <u>Acute Pancreatic Necrosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Recurrent Pancreatitis</u> DUE TO (c) <u>5871</u> II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. <u>Partial obstructive jaundice</u> | |
| 19a. DATE OF OPERATION <u>Aug 30 1952</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>Acute Pancreatitis</u> | |
| 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>St Louis</u> <u>Mo</u> | |
| 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? | | | |
| 22. I hereby certify that I attended the deceased from <u>Aug 27, 1952</u> to <u>Aug 31, 1952</u> , that I last saw the deceased alive on <u>Aug 31, 1952</u> , and that death occurred at <u>12:15 Am.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>Gene P. Knutloff M.D.</u> (Degree or title) | | 23b. ADDRESS <u>607 N. Grand St.</u> | |
| 23c. DATE SIGNED <u>Sept 1952</u> | | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | |
| 24b. DATE <u>9/2/1952</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>St James</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Missouri</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Josephine Schmidt</u> ADDRESS <u>Columbia</u> | |
| DATE REC'D BY LOCAL REG. <u>9-2-52</u> | | REGISTRAR'S SIGNATURE <u>Herbert R. Donke</u> | |

52V (Licensed Embalmer's Statement on Reverse Side)

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 Bess F. Baldwin

Licensed Embalmer No. 2476

P. O. Address St. Louis, 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.