No. 300
10-48

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

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FILED OCT 1 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32939

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8576

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Missouri
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis City Hospital #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2067
d. STREET ADDRESS (If rural, give location) 5938 Wabada 6

3. NAME OF DECEASED (Type or Print)
a. (First) Bonney
b. (Middle)
c. (Last) Forister

4. DATE OF DEATH (Month) (Day) (Year) September 9, 1952

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 0
8. DATE OF BIRTH 4-8-06
9. AGE (In years last birthday) 46 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck driver
10b. KIND OF BUSINESS OR INDUSTRY Roadway Express
11. BIRTHPLACE (City and State or Foreign Country) Wild Cherry, Ark.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Benjaman Forister
13b. MOTHER'S MAIDEN NAME Rosella Peck
14. NAME OF HUSBAND OR WIFE Marie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. unknown
17. INFORMANT'S SIGNATURE OR NAME Medical Record
ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Brain tumor, mixed glioma — INTERVAL BETWEEN ONSET AND 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 ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 193X.

22. *I hereby certify that I attended the deceased from* 9-2, *1952, to* 9-9, *1952, that I last saw the deceased alive on* 9-9, *1952, and that death occurred at* 8:10 A *m., from the causes and on the date stated above.*

23a. SIGNATURE James K. Rittenhouse 0 (Degree or title)
23b. ADDRESS 1515 Lafayette
23c. DATE SIGNED 9-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify) removal
24b. DATE 9-12-52
24c. NAME OF CEMETERY OR CREMATORY Wild Cherry
24d. LOCATION (City, town, or county) (State) Wild Cherry, Ark.

DATE REC'D BY LOCAL REG. SEP 12 1952
REGISTRAR'S SIGNATURE J Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe
ADDRESS 4700 Washington

(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 John J. Thomas

Licensed Embalmer No. 4108

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.