

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26335**
Registrar's No. **6363**

LED AUG 12 1953

BIRTH NO. REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. CITY OR TOWN Lemay | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (In this place) 30 min | | e. STREET ADDRESS (If rural, give location) 3724 Will | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Marion Hospital | | | |

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|---|---------------------------------|---|-------------|--|---|---|
| 3. NAME OF DECEASED (Type or Print) Pearl | | a. (First) FORNES | b. (Middle) | c. (Last) | 4. DATE OF DEATH (Month) (Day) (Year) June 23, 1953 | |
| 5. SEX female | 6. COLOR OR RACE white x | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | | 8. DATE OF BIRTH Sept. 27, 1889 | 9. AGE (In years) - IF UNDER 1 YEAR last birthday Months Days IF UNDER 24 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife | | 10b. KIND OF BUSINESS OR INDUSTRY at home | | 11. BIRTHPLACE (City and State or Foreign Country) Illinois | | 12. CITIZEN OF WHAT COUNTRY? USA |

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|--|--|---|--|--|--|
| 13a. FATHER'S NAME Issac Burns | | 13b. MOTHER'S MAIDEN NAME Martha Motes | | 14. NAME OF HUSBAND OR WIFE Quintin Fornes | |
| 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. none | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Quintin Fornes, 3724 Will Ave., Lemay | |

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|--|--|---|--|--|----------------------------------|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio sclerotic Heart Dis | | ANTECEDENT CAUSES | | | | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | DUE TO (b) | | | | |
| | | DUE TO (c) | | | | |
| | | 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | |

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|--|--|--|--|---|--|
| 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) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 4200 | |

22. I hereby certify that I attended the deceased from **5**, 19**49**, to **6-27**, 19**53**, that I last saw the deceased alive on **6-23**, 19**53** and that death occurred at **9:30A** m., from the causes and on the date stated above.

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|--|--|------------------------------------|--|---|--|
| 23a. SIGNATURE S. H. Motes M.D. (Degree or title) | | 23b. ADDRESS 5600 S Compton | | 23c. DATE SIGNED 6/25/53 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removed | | 24b. DATE 6/26/53 | | 24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery | |
| 24d. LOCATION (City, town, or county) (State) Lemay 23, Mo. | | | | | |

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|---|--|--|--|--|--|
| DATE REC'D BY LOCAL REG. JUN 26 1953 | | REGISTRAR'S SIGNATURE Carl Smith M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fendler Undertaking Co., 7420 Michigan | |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

A. C. G.

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.....
Signature of Student Embalmer

Signed *W. G. Peterson*.....

Licensed Embalmer No. *376*.....

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.