

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **27222**

FILED JUL 23 1953

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 548 Registrar's No. 1909

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <b>St. Louis</b>		b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Webster Groves</b> )		a. STATE <b>Missouri</b>		b. COUNTY <b>St. Louis</b>	
c. LENGTH OF STAY (in this place) <b>37 yrs.</b>		c. CITY OR TOWN <b>Webster Groves</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		e. STREET ADDRESS (If rural, give location) <b>1128 Cheshire</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1128 Cheshire</b>				e. STREET ADDRESS (If rural, give location) <b>1128 Cheshire</b>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <b>ELIZABETH</b>			b. (Middle) <b>Schrader</b>			c. (Last) <b>FORBES</b>	
6. COLOR OR RACE <b>White</b>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>			8. DATE OF BIRTH <b>July 27, 1874</b>	
9. AGE (In years last birthday) <b>78</b>			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			13a. FATHER'S NAME <b>Frederic Schrader</b>			13b. MOTHER'S MAIDEN NAME <b>Elizabeth Moore</b>	
14. NAME OF HUSBAND OR WIFE <b>George H. Forbes</b>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Geo. S. Forbes</b>			18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			19. INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>	
18. CAUSE OF DEATH			MEDICAL CERTIFICATION			19. INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>			II. OTHER SIGNIFICANT CONDITIONS <b>myocardial degeneration</b>			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			21. HOW DID INJURY OCCUR? <b>4201</b>	
DUE TO (b) <b>Coronary sclerosis.</b>			DUE TO (c)			22. I hereby certify that I attended the deceased from <b>Mar 20, 1953</b> , to <b>July 10, 1953</b> , that I last saw the deceased alive on <b>June 26, 1953</b> , and that death occurred at <b>8:20 pm</b> from the causes and on the date stated above.	
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?	
23a. SIGNATURE (Degree or title) <b>C. Kleinschmidt M.D.</b>			23b. ADDRESS <b>508 N Grand Ave</b>			23c. DATE SIGNED <b>7/10/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>			24b. DATE <b>July 13, 1953</b>			24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cem.</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Alexander Sons</b>			25. FUNERAL DIRECTOR'S ADDRESS <b>6175 Delmar</b>	
DATE REC'D BY LOCAL REG. <b>7-11-53</b>			REGISTRAR'S SIGNATURE <b>Herbert R. Dorn</b>			25. FUNERAL DIRECTOR'S ADDRESS <b>6175 Delmar</b>	

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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Geo. E. McCulloch*.....

Licensed Embalmer No. *2460*.....

P. O. Address *6175 D St*.....

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.