

FILED AUG 20 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29961
Registrar's No. 7286

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

I. 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 township) **St. Louis** c. LENGTH OF STAY (in this place) _____

c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Enroute St Anthonys Hospital** e. STREET ADDRESS (If rural, give location) **23 2427 S.3rd St**

3. NAME OF DECEASED
a. (First) **Mabel** b. (Middle) _____ c. (Last) **Forshee**

4. DATE OF DEATH (Month) (Day) (Year)
Jul 25 53

5. SEX **Female** **6. COLOR OR RACE** **White** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** **Married**

8. DATE OF BIRTH **Mar 26.1918** **9. AGE (In years last birthday)** **35** 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) **Housewife** **10b. KIND OF BUSINESS OR INDUSTRY** _____

11. BIRTHPLACE (City and State or Foreign Country) **Wortham Mo** **12. CITIZEN OF WHAT COUNTRY?** _____

13a. FATHER'S NAME **John Helms** **13b. MOTHER'S MAIDEN NAME** **Unknown** **14. NAME OF HUSBAND OR WIFE** **Mae Forshee**

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** **Wilburn Helms** **ADDRESS** **Leadwood Mo**

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Mediastinal Aneurysm**
ANTECEDENT CAUSES **Fr of ribs, suffered in collision with new car operated by one Hu Reynolds, and car operated by one Mae Forshee husband of deceased, on Hwy 61 near Lester, Mo. Jefferson City**
II. OTHER SIGNIFICANT CONDITIONS **deceased, on Hwy 61 near Lester, Mo. Jefferson City**
INTERVAL BETWEEN ONSET AND DEATH _____

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** **about 1145 pm July 24 1953 Accident** **20. AUTOPSY?** YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **Accident** **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, etc.) **near Lester Mo** **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)** **near Lester Mo 50**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) **July 24 53 11:45 pm** **21e. INJURY OCCURRED WHILE AT WORK** NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?** **E8164**

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. **26**

23a. SIGNATURE (Doctor or title) **Patrick L Taylor M.D.** **23b. ADDRESS** **1300 Clark** **23c. DATE SIGNED** **7-27-53**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** **24b. DATE** **7-25-53** **24c. NAME OF CEMETERY OR CREMATORY** _____ **24d. LOCATION (City, town, or county) (State)** **Leadwood Mo**

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE **JUL 27 1953** **REGISTRAR'S SIGNATURE** **Carl Smith Mo** **25. FUNERAL DIRECTOR'S SIGNATURE** **Albert H. Hoppe** **ADDRESS** **4700 Washington**

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

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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.....
Licensed Embalmer No. 3613

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