

FILED JAN 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2714**
280

318

PRIMARY REG. DIST. NO. **1003**

Registrar's No. **280**

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. **1003** Registrar's No. **280**

1. 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) OR TOWN **St. Louis**

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 (If not in hospital or institution, give street address or location) **Homer G. Phillips Hospital**

STREET ADDRESS (If rural, give location) **3624 Evans**

21190

3. NAME OF DECEASED
a. (First) **Obie** b. (Middle) _____ c. (Last) **Forester**

4. DATE OF DEATH (Month) (Day) (Year) **1 8 56**

5. SEX **Male**

6. COLOR OR RACE **Negro**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Divorced**

8. DATE OF BIRTH **May 18, 1899**

9. AGE (In years last birthday) **56** IF UNDER 1 YEAR Months **7** Days **21** IF UNDER 24 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Elevator Operator**

10b. KIND OF BUSINESS OR INDUSTRY **Gen. Am. Life Ins. Co.**

11. BIRTHPLACE (City and State or Foreign Country) **Tupelo, Miss.**

12. CITIZEN OF WHAT COUNTRY? **U. S. A.**

13a. FATHER'S NAME **Ralph Forester**

13b. MOTHER'S MAIDEN NAME **Florence Barnes**

14. NAME OF HUSBAND OR WIFE **Mabel Forester**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No**

16. SOCIAL SECURITY NO. **490-03-1876**

17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS **Stanley Forester Chicago, Illinois 3214 Woodlawn Ave.**

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

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Rheumatic Heart Disease, Inactive**

ANTECEDENT CAUSES
DUE TO (b) **Rheumatic Valvulitis, Inactive**
DUE TO (c) **Deformity of Mitral Valve**

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **Cardiac Insufficiency 410X**

INTERVAL BETWEEN ONSET AND DEATH
Undt.

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) **416X**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **12-13**, 19**55**, to **1-8**, 19**56**, that I last saw the deceased alive on **1-8**, 19**56**, and that death occurred at **7:40a** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Edw. B. Williams M.D.**

23b. ADDRESS **2601 N. Whittier**

23c. DATE SIGNED **1-9-56**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **Jan. 11, '56**

24c. NAME OF CEMETERY OR CREMATORY **Father Dickson Cem.**

24d. LOCATION (City, town, or county) (State) **St. Louis County, Mo.**

DATE REC'D BY LOCAL REG. **JAN 9 1956**

REGISTRAR'S SIGNATURE **Carl Smith**

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS **C. J. Nash 3847 Page Blvd**

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 *C. J. Nash*

Licensed Embalmer No. *243*

P. O. Address *3847 Page*

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.