

FILED APR 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14569**

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

Registrar's No. **3427**

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 OR TOWN ST. LOUIS, MISSOURI)		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN ST. LOUIS		
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE		b. (Middle)		c. (Last) FORGUJAR		
4. DATE OF DEATH (Month) (Day) (Year) APRIL 3, 1956						
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JULY 23 1883	9. AGE (In years last birthday) 72	10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAINTENANCEE		10b. KIND OF BUSINESS OR INDUSTRY 497-10-9330		11. BIRTHPLACE (City and State or Foreign Country) SCOTLAND		
12. CITIZEN OF WHAT COUNTRY? U.S.A						
13a. FATHER'S NAME ALEX FARQUHAR		13b. MOTHER'S MAIDEN NAME MARY OLIGVIE		14. NAME OF HUSBAND OR WIFE ANNA FARQUHAR		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 497-10-9330		17. INFORMANT'S SIGNATURE OR NAME CHRISTINE METTER ADDRESS 3128-LEMP		
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) VENTRICULAR FIBRILLATION ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE DUE TO (c) GASTRIC ULCER II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION 3-31-56		19b. MAJOR FINDINGS OF OPERATION GASTRIC ULCER		20. AUTOPSY? YES <input checked="" 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 3-28 , 19 56 , to APRIL 3, 1956 , that I last saw the deceased alive on 4-3 , 19 56 , and that death occurred at 7: A.M. m., from the causes and on the date stated above.						
23a. SIGNATURE H. H. Knotts, MD (Degree or title)		23b. ADDRESS 1515 LA FAYETTE AVE		23c. DATE SIGNED 4-3-56		
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE APR. 6 1956		24c. NAME OF CEMETERY OR CREMATORY SUNSET BURIAL		
24d. LOCATION (City, town, or county) (State) ST. LOUIS MO						
DATE REC'D BY LOCAL REG. APR 5 1956		REGISTRAR'S SIGNATURE Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE Thomas Rutes ADDRESS 2906 Gravois		

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.....
Lowell C. Hill

Licensed Embalmer No. *434*

P. O. Address *2906*

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.