

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27980

FILED AUG 20 1956

State File No.

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 200

1. PLACE OF DEATH a. COUNTY <u>St. Charles County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY OR TOWN <u>St. Charles</u>	c. LENGTH OF STAY (in this place) <u>10 hrs.</u>	c. CITY OR TOWN <u>Robertson</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>Utz Lane Route 3</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Elwood H.</u>	b. (Middle) <u>Ted</u>	c. (Last) <u>Forgus</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 10 1956</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 10, 1912</u>	9. AGE (In years last birthday) <u>43</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Manager</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retail lumber</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>Elwood Forgus</u>	13b. MOTHER'S MAIDEN NAME <u>Alvina Driemeyer</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Gean Forgus</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>	16. SOCIAL SECURITY NO. (If yes, give year or date of service) <u>W.W.2</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mary Gean Forgus</u>	ADDRESS <u>Utz Lane Robertson</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Massive coronary occlusion anterior</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4-5 days.</u>
	ANTECEDENT CAUSES <u>coronary vessel</u>		
	Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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?

22. I hereby certify that I attended the deceased from 8/10/56, 1956, to 8/10/56, 1956, that I last saw the deceased alive on 8/10, 1956, and that death occurred at 5 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Walter C. Gray M.D.</u> (Degree or title)	23b. ADDRESS <u>8711 St. Charles Road, St. Louis 14, Mo. Aug 11 1956</u>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Aug. 13, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mount Lebanon</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Aug 13 1956</u>	REGISTRAR'S SIGNATURE <u>Francis Hammett</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ortmann Funeral Home</u>	ADDRESS <u>9222 Lackland</u>
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WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

AUG 20 1956

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 *Al C. Portmann*

Licensed Embalmer No. *347*

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.