

FILED OCT 30 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38715

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 2473

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Wellston</u>		c. CITY OR TOWN <u>St. Louis</u>	c. LENGTH OF STAY (in this place) <u>2 yrs. 3 mos.</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION. <u>St. Vincent's Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Fred erick</u> b. (Middle) <u>William</u> c. (Last) <u>Forshey</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 5, 1957</u>	
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>Dec. 5, 1888</u>
9. AGE (In years last birthday) <u>68</u>		10. F UNDER 1 YEAR Months <u>10</u> Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALES</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Trailer Sales</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Brooklyn, New York</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Louis Forshey</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Burke</u>	
14. NAME OF HUSBAND OR WIFE <u>Mrs. Marie Forshey</u>			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>	16. SOCIAL SECURITY NO. <u>496-36-3480</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Marie Forshey</u>	ADDRESS <u>3247 Longfellow, St. Louis, Mo.</u>
--	--	---	--

19. 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.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u>		Years _____
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes</u>		DUE TO (c) _____		Years <u>4500</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	17. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 6-11-1955, to 10-5-1957, that I last saw the deceased alive on 10-5-1957, and that death occurred at 6:25 P.M., from the causes and on the date stated above.

23. SIGNATURE <u>Paul T. Hartman</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>6376 Clayton Rd</u>		23c. DATE SIGNED <u>10-5-57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 8, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>	

DATE REC'D BY LOCAL REG. <u>10-7-57</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Wondol</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur J. Donnelly</u>	ADDRESS <u>3840 Lindell Blvd.</u>
---	--	--	-----------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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 *Francis Williamson*

Licensed Embalmer No. *356*

P. O. Address *3840 Leida*

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.