

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **2903**
REGISTRAR'S NO. **509**

FILED JAN 30 1958

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Mo		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 25 City Hosp			Length of stay in 1b		d. STREET ADDRESS 26 1414 Salisbury		If outside, give location Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Elizabeth Middle Last Forthmann				4. DATE OF DEATH Month 1 Day 15 Year 1958					
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH — 1866		9. AGE (In years last birthday) 91		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work			10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (City and state or country) St. Louis Mo		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Bernard Forthmann				14. MOTHER'S MAIDEN NAME Elizabeth Saul Frank					
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. None		17. INFORMANT Address Bernard Nordhaus - 1413^c Salisbury					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Fracture of Left Hip. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) E 904.0 a1								INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Suffered in fall at home on							
20c. TIME OF INJURY Hour 9:45 a. m. Month 1 Day 2 Year 58		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home							
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION St. Louis Mo		COUNTY Mo		STATE			
21. I attended the deceased from 12:50 p. to _____ and last saw her/him alive on _____ Death occurred at 12:50 p. m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Patrick J. Taylor Coroner				22b. ADDRESS 1300 Clark		22c. DATE SIGNED 1. 15. 58.			
23a. BURIAL, CREMATION, OR REMOVAL (Specify) Removal		23b. DATE 1-16-1958	23c. NAME OF CEMETERY OR CREMATORY Bridgens Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis County Mo				
24. FUNERAL DIRECTOR Edw. Koch + Son - 3516 E. 14th			ADDRESS		25. DATE RECD. BY LOCAL REG. JAN 15 '58		26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service
300-56
Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be traced. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

8861 9 AON

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

Not embalmed + you
Edwin Koch

Signed

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.