

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-045657

STATE FILE NUMBER

FILED DEC 22 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No. 11621

300  
-57

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, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5542 a So. 37th		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 2/59 5542 a So. 37th St.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Arthur Forrester			4. DATE OF DEATH Month Day Year Nov. 30, 1958			
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar 23 1896	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cookie salesman	10b. KIND OF BUSINESS OR INDUSTRY Allison Cookie Co	11. BIRTHPLACE (City and state or country) Tenn		12. CITIZEN OF WHAT COUNTRY? Usa		
13a. FATHER'S NAME Unknown Forrester		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE		
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.	17. INFORMANT Address Tilton H. Conkling 4958 Potomac			
18. CAUSE OF DEATH (Enter only one cause of death on one line for (a), (b) and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Gunshot wound of heart</i>					INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						
PART II. OTHER SIGNIFICANT CONDITIONS (Do not repeat those listed in PART I (a)) <i>Apparently no other significant conditions present with the exception of being shot with rifle</i>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Enter cause of injury in PART I or PART II of item 18) <i>He was shot with rifle at home on each time and date could not be determined</i>					
20c. TIME OF INJURY Hour Month, Day, Year ? 11 ? 58	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, city street, office bldg., etc.) <i>Home</i>	20f. CITY, TOWN, OR LOCATION <i>St Louis Mo</i>	COUNTY	STATE	
21. I attended the deceased from _____ and last saw her/him alive on _____ Death occurred at _____, m on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <i>James M Kelly</i> (Degree or title) <i>Deputy</i>			22b. ADDRESS <i>1300 Clark</i>		22c. DATE SIGNED <i>12-3-58</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>Dec 3, 58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Sunset Burial Park</i>		23d. LOCATION (City, town, or county) <i>St. Louis Cty Mo</i>	(State)	
24. FUNERAL DIRECTOR <i>E.J. Schnur</i> ADDRESS <i>3125 Lafayette</i>		25. DATE RECD. BY LOCAL REG. <i>DEC 3 '58</i>	26. REGISTRAR'S SIGNATURE <i>J Carl Smith Mo</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

**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 Ben Velman  
Signature of Student Embalmer

Signed Not Embalmed

Licensed Embalmer No.....

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.