

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-041835

FILED VS DEC 7 1959

Registration District No. \_\_\_\_\_ Primary Registration District No. **2 9860** STATE FILE NUMBER  
Registrar's No. \_\_\_\_\_

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Rev. 1-57  
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>St. Louis</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Cressent</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <b>City Hospital</b>			Length of stay in 1b <b>15 Hours</b>	d. STREET ADDRESS (If outside, give location) <b>Box 28</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Robert</b> Middle <b>Dale</b> Last <b>Forbes</b>				4. DATE OF DEATH Month <b>Oct.</b> Day <b>24,</b> Year <b>1959</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Dec. 23, 1929</b>	9. AGE (In years last birthday) <b>29</b>	10. UNDER 1 YEAR Months <b>10</b> Days <b>1</b>	11. UNDER 24 HRS Hours <b>1</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Stonemason</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Dura Stone Co.</b>	11. BIRTHPLACE (City and state or country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Toney Forbes</b>			13b. MOTHER'S MAIDEN NAME <b>Rose Wren</b>		14. NAME OF HUSBAND OR WIFE <b>Peggy</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes</b>			16. SOCIAL SECURITY NO. _____	17. INFORMANT Address <b>Toney Forbes, Bro., Cressent, Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Gunshot Wound of Brain</b>						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) _____						976X	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18) <b>Self inflicted in vicinity of 7725 Alaska about 4:50 p.m.</b>				
20c. TIME OF INJURY <b>4:50 p.m.</b>			Month, Day, Year <b>October 23, 1959</b>				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Street</b>		20f. CITY, TOWN, OR LOCATION <b>St. Louis Mo</b>		COUNTY STATE
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ <b>9:50 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree, if title) <b>Patrick J. Taylor Coroner</b>				22b. ADDRESS <b>1300 Clark</b>		22c. DATE SIGNED <b>10-27-59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>Oct. 27, 59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Upper Alton Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Alton, Illinois</b>		
24. FUNERAL DIRECTOR ADDRESS <b>Thomas J. Burke Jr., Alton, Ill.</b>				25. DATE RECD. BY LOCAL REG. <b>OCT 27 1959</b>		REGISTRAR'S SIGNATURE <b>Karl Smith, M.D. 59.</b>	

MEDICAL CERTIFICATION

1961 6 2 11

JAN 14 1960

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 *Thomas J. Burkett*

Licensed Embalmer No. 4968.....  
P. O. Address 727 Langdon St.  
Alton, Illinois

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.