

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -61-026805

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7238

STATE FILE NUMBER

AMENDED

AUG 14 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis - MO</u>		c. CITY OR TOWN <u>2918 Victor</u>	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>De Paul Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>St. Louis - MO.</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>DAVID</u> Middle <u>K.</u> Last <u>FORREST</u>			4. DATE OF DEATH Month <u>Aug.</u> Day <u>3</u> Year <u>1961</u>			
5. SEX <u>M</u>	6. COLOR OF RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-3-61</u>	9. AGE (last birthday) <u>2</u> Years <u>2</u> Months <u>45</u> Days	IF UNDER 1 YEAR IF UNDER 24 HR.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>ST. LOUIS, MO.</u>		
				12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		

13a. FATHER'S NAME <u>DONALD FORREST</u>		13b. MOTHER'S MAIDEN NAME <u>ELLEN McFALL</u>		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) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT <u>DONALD FORREST 2918 VICTOR</u>	
				Address	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Premature Labor - 5 mos -</u>			
DUE TO (b) <u>Duration -</u>			
DUE TO (c) <u>Low Implantation of Placenta</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>761.5</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year				

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from <u>7-19-61</u> to <u>8-3-61</u> and last saw him alive on <u>8-3-61</u> Death occurred at <u>7 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <u>Jared V. Emmert M.D.</u> (Degree or title)	22b. ADDRESS <u>508 N. Grand St. Louis</u>	22c. DATE SIGNED <u>8-4-61</u> (State)
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>8/4/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>LAUREL HILL CEM.</u>	23d. LOCATION (City, town, or county) <u>ST. LOUIS COUNTY, MO.</u> (State)
24. FUNERAL DIRECTOR <u>Thomas Rutis</u>	ADDRESS <u>2906 Francis</u>	25. DATE RECD. BY LOCAL REG. <u>AUG 4 1961</u>	26. REGISTRAR'S SIGNATURE <u>Loan Smith M.D.</u>

DATE AMENDED
7
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

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 Not Embalmed, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Thomas Kuttis

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.