OURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

ENT OF PUBLIC HEALTH AND WELFARE

-61-042404

STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10573

FILED NOV 28 1961

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in Tb

c. CITY OR TOWN Richmond Hts. — Inside Limits Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital-D.O.A. — Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 7551 Harter Ave. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First PLUMER Middle Last FORREST

4. DATE OF DEATH Month Nov. Day 13 Year 1961

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 3-16-1905

9. AGE (last birthday) 56 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Body Craftsman-Self Employed

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Kennett, Mo.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Joseph Forrest

13b. MOTHER'S MAIDEN NAME Annie Unknown

14. NAME OF HUSBAND OR WIFE Mary L. Forrest

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

17. INFORMANT Address Mary L. Forrest 7551 Harter Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Hypertensive and arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH 1949

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c) 443x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 3/22/57 to death and last saw her/him alive on 10/16/61

Death occurred at 12 Noon m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert Paine (Degree or title) MD

22b. ADDRESS 3720 Washington St Louis

22c. DATE SIGNED 11/14/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Nov. 16, 1961

23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

23d. LOCATION (City, town, or county) (State) St. Louis, Mo.

24. FUNERAL DIRECTOR ADDRESS Kriegshauser 9450 Olive St. Road

25. DATE RECD. BY LOCAL REG. NOV 14 1961

26. REGISTRAR'S SIGNATURE Hoard Smith, M.D.

DOCUMENT

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 _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4533

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.