MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-62-012648

FILED APR 6 1962

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3097 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

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 — Length of stay in 1b 2½-wks.

c. CITY OR TOWN St.Louis — Inside Limits Yes [X] No [ ]

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St.Louis City Hospital — Inside Limits Yes [X] No [ ]

d. STREET ADDRESS (If outside, give location) 1922 No. 14th St. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Elmer Middle Last Forst

4. DATE OF DEATH Month Mar. Day 21, Year 1962

5. SEX Male

6. COLOR OR RACE White

7. Married [ ] Never Married [X] Widowed [ ] Divorced [ ]

8. DATE OF BIRTH 7/3/09

9. AGE (last birthday) 52 — 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) Painter

10b. KIND OF BUSINESS OR INDUSTRY -----

11. BIRTHPLACE (City and state or country) St.Louis, Missouri

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

13a. FATHER'S NAME Charles Forst

13b. MOTHER'S MAIDEN NAME Katherine Meyer

14. NAME OF HUSBAND OR WIFE none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service) -----

16. SOCIAL SECURITY NO. unknown

17. INFORMANT Address Leroy Forst - 4348 Hartford St.

MEDICAL CERTIFICATION

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) 2nd + 3rd degree burns of 50% of

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

DUE TO (b) body suffered in fire in home on

DUE TO (c) March 3, 1962

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) accident 916.0-16

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

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [X] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) See above

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 3-3-62

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 26 Home

20f. CITY, TOWN, OR LOCATION St Louis, Mo — COUNTY — STATE

21. I attended the deceased from _____, to _____ 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 (Degree or title) Paul J Simon Deputy Coroner

22b. ADDRESS 1300 Clark

22c. DATE SIGNED 3/22/62

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

23b. DATE Mar.23,1962

23c. NAME OF CEMETERY OR CREMATORY Park Lawn Cemetery

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

24. FUNERAL DIRECTOR ADDRESS WACKER-HELDERLE-3634 Gravois Ave.

25. DATE RECD. BY LOCAL REG. MAR 22 1962

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

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 M. Bills

Licensed Embalmer No. 4375

P. O. Address St. Louis 23, Mo.

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.