MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-048333 STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11988

FILED DEC 21 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	21	0	12
3			
4	0		
5	2		
6			
7	0		
8	2		
9			
10			
11			
12	86-0		
13			

86

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis, Mo.
Length of stay in 1b: 18 months
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Stone Nursing Home
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 2924 Greer Ave.
Reside on Farm: Yes ☐ No ☒

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

4. DATE OF DEATH: December 12 1962

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 4/5/1876

9. AGE (last birthday): 86

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): Wholesaler

10b. KIND OF BUSINESS OR INDUSTRY: Wholesale Meat

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

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

13a. FATHER'S NAME: Lawrence Forrest

13b. MOTHER'S MAIDEN NAME: Mary Ramsey

14. NAME OF HUSBAND OR WIFE: Rose M. Forrest

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of servic[redacted]

17. INFORMANT: Mabel Forrest Address: 50 Plaza Square, St. Louis

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): Cerebrovascular Thrombosis, probable
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cerebrovascular Atherosclerosis, severe — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs.
DUE TO (c): Generalized Atherosclerosis — 10-5 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Mental deterioration, marked 332x

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 Dec. 1961, to Dec. 1962 and last saw her/him alive on Dec. 10, 1962
Death occurred at 5:00 pm on Dec. 12, 1961 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John D. Vavra M.D.

22b. ADDRESS: 440 Melville, U. City 30

22c. DATE SIGNED: 12/13/62

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

23b. DATE: Dec. 15, 1962

23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery

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

24. FUNERAL DIRECTOR: Arthur J. Lindell ADDRESS: 3840 Lindell Blvd.

25. DATE RECD. BY LOCAL REG.: DEC 14 1962

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

Dr. John Vanne
Barnes Hosp.

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 Francis Williamson

Licensed Embalmer No. 3565

P. O. Address 3840 Lindell

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.