WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.
11495

1. PLACE OF DEATH St Marys Infirmary
County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St Louis Mo (No. St. Marys Infirmary St. ..... Ward)

File No. .....
Registered No. 3338

2. FULL NAME Ole Edwin Forsee
(a) Residence. No. 1434 N 32 St. St Louis Ward 22
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Husband

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 13 1862

7. AGE: Years 66 | Months | Days 10 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Chauffeur
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer E St Louis Suburban

9. BIRTHPLACE (CITY OR TOWN) Ashland
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Samuel Forsee
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not Known
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Anna Bell Roberts
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not Known
(STATE OR COUNTRY)

14. INFORMANT Edwin Forsee
(Address) 1434 N 32 St

15. FILED MAR 21 1928, 19 ..... Max C Starkey REGISTRAR

2. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-23-1928

17. I HEREBY CERTIFY, That I attended deceased from 2-19-28, 19..., to 3-22-28, 19..., that I last saw him alive on 3-22-28, 19..., and that death occurred, on the date stated above, at 10:15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lymphatic leukemia - chronic.
72A
10 12 D
D
(duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Bronchopneumonia
(duration) ..... yrs. ..... mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
O DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Blood exam.
(Signed) J. Marx, M. D
, 19 (Address) 1536 Papin.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St Charles Mo — DATE OF BURIAL 3/27 1928

20. UNDERTAKER Adam Ogonoski — ADDRESS E St Louis Ill