

REC'D SEP 12 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

27110

Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City..... St. LouisRegistration District No. 791
Primary Registration District No. 1003 Registered No. 7124
(d) Street No. City Hospital No. 1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 7709 a Vulcan St. 11
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 22, 18837. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
54 11 19

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc. nil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis, 0
(STATE OR COUNTRY) Missouri13. NAME George Forbes 414. BIRTHPLACE (CITY OR TOWN) 4
(STATE OR COUNTRY) Scotland15. MAIDEN NAME Rebecca Carlin16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) England17. INFORMANT Hosp. Info M. Kent
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Park Lawn Cem. DATE 8/13/3819. FUNERAL DIRECTOR Southern Funeral
(ADDRESS) 632220. AUG 11 1938 John Bieder
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8 /10/38 1922. I HEREBY CERTIFY, That I attended deceased from 8/1/38, 19....., to 8/10/38 19.....I last saw him alive on 8/10/38, 19..... Death is saidto have occurred on the date stated above, at 1.40 p

The principal cause of death and related causes of importance were as follows:

Date of onset

Parkinsons Disease

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) David Heines M. D.(Address) City Hospital No. 1

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, Wilson Collins, Licensed Embalmer No. 3887

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Wilson Collins

L. E.

No. 3887 or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Wilson Collins

Licensed Embalmer No. 3887

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.)