

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.

REC'D MAY 10 1939

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

791
1003

13051
Do not use this space.
3393

1. PLACE OF DEATH
 (a) County
 (b) Township
 (c) City St. Louis
 (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.

Registration District No.
 Primary Registration District No.
 (d) Street No. Jewish Hospital
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 Registered No.
 St.

2. PRINT FULL NAME Lucile Forshaw
 (a) Residence, No. 1805 Big Bend Rd. St. NA Kirkwood Mo.
 (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 Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23, 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 8 19

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
 9. Industry or business in which work was done, as saw mill, bank, etc.
 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 (STATE OR COUNTRY) Mo.

FATHER
 13. NAME Joseph Forshaw
 14. BIRTHPLACE (CITY OR TOWN) Manchester (STATE OR COUNTRY) England

MOTHER
 15. MAIDEN NAME Margaret Canniff Fitzgerald
 16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

17. INFORMANT Mrs. W.W. Rosenthal (ADDRESS) 1134 Forest Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE 4-13 1939

19. FUNERAL DIRECTOR (NAME) Kriegshauser Mortuarie (ADDRESS) 4228 So. Kingshighway

20. FILED APR 11 1939 J. B. ... Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from 6-10, 1937, to April 11, 1939
 I last saw h. or alive on April 11, 1939. Death is said to have occurred on the date stated above, at 11 a. m.
 The principal cause of death and related causes of importance were as follows:
Lymphosarcoma
Primary in axillary region
report
 Date of onset 1937

Other contributory causes of importance:

Name of operation Axillary Dissection Date of Jan 15, 1938
 What test confirmed diagnosis? Micropic Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: No
 Accident, suicide, or homicide? Date of injury
 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? No
 If so, specify
 (Signed) E. L. Hayes M. D.
 (Address) 400 Metropolitan Building

Mr Hayes
Master

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Edwin M. Bennett*
Licensed Embalmer No. *3024*
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 this body is not embalmed, above space should be left blank.