

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.

STANDARD CERTIFICATE OF DEATH
1003

State File No. 5097
Registrar's No. 1927

Registration District No. 791

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Alexian Brothers Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 days
(Specify whether
In this community 25 years
years, months or days)

3. (a) PRINT FULL NAME Louis W. Forcade

3. (b) If veteran, name war --- 3. (c) Social Security No. 492-013-417

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lena Forcade 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased April 24, 1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>9</u>	<u>28</u>	hr. min.

9. Birthplace Smithton Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Sec'y. of Heinecke Coal & Material Company

11. Industry or business & Material Company

12. Name Louis Forcade

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Press

15. Birthplace Belleville Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lena Forcade

(b) Address 4137 Hartford

17. (a) Burial (b) Date thereof 2/26/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Hill Cemetery, Belleville, Ill.

18. (a) Signature of funeral director Wacker-Welder

(b) Address 2331 S. Broadway

19. (a) FEB 26 1940 (b) J. J. Cuddeh
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4137 Hartford
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 23
year 1940 hour 5 minute 25a. M.

21. I hereby certify that I attended the deceased from Sept 1, 1937 to Febr 23, 1940
that I last saw him alive on Febr. 22nd, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Block Duration 21 d
Due to Chronic Myocarditis 6 mo.

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. D. Ruppel (M.D. or other) W. D.
Address 3103 Arsenal St. Date signed 2/23/40

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 Robert Cochran

Licensed Embalmer No. 2128

P. O. Address St. Louis, 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 this body is not embalmed, above space should be left blank.