No. 2
4-13-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33044

FILED OCT 10 1940

Registration District No. 784 Primary Registration District No. 101 Registrar's No. 1671

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6733 Fyler Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Harry Oliver Forman
3. (b) If veteran, name war None
3. (c) Social Security No. 494-10-8568
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 20th (Day) 1916 (Year)

8. AGE: Years 24 Months 1 Days 13 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation Laborworker Tester 0
11. Industry or business American Stove Co. 0
MOTHER FATHER
12. Name Harry C. Forman
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
14. Maiden name Emma B. Guenther
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Harry C. Forman
(b) Address 6733 Fyler Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-5-40 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Peter & Paul
18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.
19. (a) 9-5-40 (Date received local registrar) (b) R. Meyer Mo. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 2nd year 1940 hour 9:30 minute A.M. M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Automobile accident. While driving an automobile noticed left the highway & struck a tree — Duration 9/2/40
Due to
Due to Severe fracture of neck
Other conditions Severe cut & external
(Include pregnancy within 3 months of death) Jugular vein. Hemorrhage
Major findings:
Of operations
Of autopsy 210 27

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) Accident
(b) Date of occurrence Sept 2, 1940
(c) Where did injury occur? St. Louis County Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 707 Public Highway (Specify type of place)
While at work? No (e) Means of injury Left Highway
23. Signature John O. Lowell (M. D. or other)
Address Forest & Spring Date signed 9/3/40

(Licensed Embalmer's Statement on Reverse Side)

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 F. McDermott

Licensed Embalmer No. 3024

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.