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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 24 1942 791

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 40005

Registrar's No. 9715

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

1. PLACE OF DEATH:

(a) County

(b) City or town ST LOUIS. MO (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ST. JOHNS. HOSP. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County

(c) City or town St Louis, Mo (If outside city or town limits, write "RURAL")

(d) Street No. 5028 CHRISTY. BLVD. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME INFANT DANIEL J. & ESTHER FORRESTAL

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race WHITE

6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased DEC. (Month) 6. (Day) 1941 (Year)

8. AGE: Years — Months — Days — If less than one day 23 hr. min.

9. Birthplace MO (City, town, or county) 0 (State or foreign country)

10. Usual occupation INFANT.

11. Industry or business

FATHER
12. Name DANIEL J FORRESTAL. JR.
13. Birthplace MO (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name ESTHER WITTE
15. Birthplace MO (City, town, or county) 0 (State or foreign country)

16. (a) Informant Daniel J. Forrestal Jr.

(b) Address 5028 CHRISTY BLVD.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-9-41 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem

18. (a) Signature of funeral director L. M. Mullen

(b) Address 5165 DELMAR BLVD

19. (a) DEC 8 1941 (Date received local registrar) (b) J. F. Bridick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 7 year 1941 hour 9 minute P M.

21. I hereby certify that I attended the deceased from Dec 6, 1941, to Dec 7, 1941; that I last saw him alive on Dec 7, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure

Due to Atelectasis

Due to Congenital deformity

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy nothing unusual

Duration

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Matthew W. Weis (M. D. or other)

Address 634 No Grand Date signed 12/8/41

(Licensed Embalmer's Statement on Reverse Side)

Dr M. Weis
Mo J Bray
2PM.

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 H. G. Farris

Licensed Embalmer No. 3384

P. O. Address St Louis

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, fact should be so stated above.