

FILED MAY 19 1942

State File No. _____

Registration District No. _____

Primary Registration District No. _____

Registrar's No. **4148**

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

1. PLACE OF DEATH: **791**
 (a) County _____
 (b) City or town **St. Louis**
 (c) Name of hospital or institution:
3644 Blaine Ave
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME **Rosa A. Forrest**
 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 **Widow**
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **August 1 1862**
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	79	9	7	hr. _____ min. _____

9. Birthplace **Missouri**
 (City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business _____

MOTHER FATHER {
 12. Name **Patrick Hart**
 13. Birthplace **Ireland**
 14. Maiden name **Keiper**
 15. Birthplace **Missouri**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Luella Beutner**
 (b) Address **3644 Blaine Ave**

17. (a) **Burial** (b) Date thereof **May 11 1942**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**
Beetz Brothers

18. (a) Signature of funeral director _____
 (b) Address **3029 Lafayette Ave**

19. (a) **MAY 17 1942** (b) **J. F. Melick**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **1000**
 (a) State **Missouri** (b) County _____
 (c) City or town **St. Louis**
 (d) Street No. **3644 Blaine Ave**
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **8th** day **May**
 year **1942** hour **10:00** minute _____ P. _____ M. _____

21. I hereby certify that I attended the deceased from **August 1, 1931** to **May 8, 1942**
 that I last saw her alive on **May 8, 1942**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration **3 days**

Due to **Hypertension**
Arteriosclerosis

Due to _____
 Other conditions **Chronic Endocarditis** **6 yrs**
 (Include pregnancy within 3 months of death)

Major findings: Of operations _____
 Of autopsy _____
 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 **Mustave Dahms** (Date signed) **9-42**
 Address **1402 So Grand** Date signed _____

Dr. Ben Nakano
1452 O Street
Oakland 2200

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..... *Frank J. Pweys* ..
Licensed Embalmer No. *3245*
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, fact should be so stated above.