

FILED DEC 15 1944  
Registration District No. 318

Primary Registration District No. \_\_\_\_\_

Registrar's No. 10464

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Enroute City Hospital  
(If not in hospital or institution, write street number or location) 2  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Life  
years, months or days

3. (a) PRINT FULL NAME Charles E. Forrest

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 493-09-0849

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Anna 6. (c) Age of husband or wife if alive 55 years  
7. Birth date of deceased: October 6th 1888  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
56 1 29 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Sec. & General Manager

11. Industry or business Leacock Sporting Goods Co.

12. Name Michael Forrest  
13. Birthplace Ireland  
(City, town, or county) (State or foreign country)  
14. Maiden name Rose Hart  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Dorothy Forrest Daughter  
(b) Address 3710 Utah St.

17. (a) Burial (b) Date thereof Dec 9 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Peetz Bros.

(b) Address 3029 Lafayette Ave.

19. (a) DEC 8 1944 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3710 Utah St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 5th  
year 1944 hour 4:30 minute P. M.

21. I hereby certify that I attended the deceased from 10-6-44  
to 12-4-44  
that I last saw him alive on 12-4-44  
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis - Chronic  
central embolus  
Due to hypertension  
Other conditions: 93  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy no

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 Fall  
23. Signature W M B Kowalski (M. D. or other)  
Address 219 Quincy St. Date signed Dec 9 1944

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

MOTHER FATHER

**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..... *Franco Dume* .....

Licensed Embalmer No. *7245* .....

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.**