S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 5 1947

Registration District No. 3

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

3398

State File No. 0

Primary Registration District No. 3069

Registrar's No. 101

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: Richmond Hights.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 days (specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: St. Louis

(c) City or town: Wellston
(If outside city or town limits, write "RURAL")

(d) Street No.: 1515 Lulu Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: John R. Forhan.

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Elizabeth Forhan

6. (c) Age of husband or wife if alive: 78 years

7. Birth date of deceased: June 30, 1865. (Month) (Day) (Year)

8. AGE: Years 81 Months 6 Days 17 If less than one day hr. min.

9. Birthplace: Lychfield, Ill. (City, town, or county) (State or foreign country)

10. Usual occupation: Retired Foreman

11. Industry or business: St. L. Frog Switch Co.

MOTHER FATHER

12. Name: PatrickForhan

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

14. Maiden name: Margaret Boland

15. Birthplace: Ireland (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Elizabeth Forhan

(b) Address: 1515 Lulu Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 20/47. (Month) (Day) (Year)

(c) Place: burial or cremation: Calvary Cemetery

18. (a) Signature of funeral director: Jos. W. Clark

(b) Address: 1125 Hodiamont Ave.

19. (a) 1-18-47 (Date received local registrar) (b) Ruth Allen M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 16 year 1947 hour 11.10 minute P.M.

21. I hereby certify that I attended the deceased from 12/31, 1946 to 1/16, 1947 that I last saw him alive on 1/16, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Embolis — Duration 1 day

Due to: Arteriosclerotic heart disease.

Due to: 9 3 D

Other conditions (Include pregnancy within 3 months of death): Benign Prostatic Hypertrophy

Major findings:
Of operations: Same

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? (Specify type of place)

While at work (e) Means of injury: 0

23. Signature: W. F. Melich (M. D. or [redacted])

Address: Mo Theater Bldg. Date signed: 1/17/47

(Licensed Embalmer's Statement on Reverse Side)

Dr. Wm. F. Mellck,
Mo. Theartre Bldg.,
JE. 3661.
3.30--6.00 P.M.

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 Alfred F. Boedeker

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiamont Ave

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.