

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUL 22 1948

Registration District No. **318**

Primary Registration District No. _____

Registrar's No. **6252**

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Masonic Home of Missouri**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **5 yrs. 4 mo.**
(Specify whether years, months or days)

In this community _____
(years, months or days)

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. **5351 Delmar Blvd.**
(If rural, give location)

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

3. (a) PRINT FULL NAME **Mrs. Effie C. Forsaith**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **f** 5. Color or race **W**

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

6. (b) Name of husband or wife **Geo. B. Forsaith** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Jan. 25 1864**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
84	5	18	hr. min.

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

10. Usual occupation _____

11. Industry or business **Housewife**

12. Name **James Booth**

13. Birthplace **London, England**
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Sarah Smith**

15. Birthplace **London, England**
(City, town, or county) (State or foreign country)

16. (a) Informant **Iva Hirsch**

(b) Address **5351 Delmar Blvd. St. Louis**

17. (a) **Burial** (b) Date thereof **July 16th, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bellefontaine Cemetery**

18. (a) Signature of funeral director **Kraeger-Voss, Inc.**
(b) Address **3402 N. Kingshighway**

19. (a) **JUL 14 1948** (Date received local registrar) (b) **J. F. Pruedel** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **13** year **1948** hour **4** minute **50** P.M.

21. I hereby certify that I attended the deceased from **3-13-43** to **7-13**, 19**48**, and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Myocarditis** **3 days**
Auricular Fibrillation **5 mo.**

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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 **Solon Cameron** (M. D. or other) _____

Address **508 No. Grand Ave.**

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER, FATHER

JUL 14 1948

Solon Cameron

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..... *Gustav W. Deutch*

Licensed Embalmer No. *4329*

P. O. Address..... *St. Louis, Mo.*

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

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