

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38488**

FILED NOV 17 1950

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 100		Registrar's No. 9182	
1. PLACE OF DEATH a. COUNTY St. Clair				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY St. Clair			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) 14 days		c. CITY (If outside corporate limits, write RURAL and give township) Belleville, 8120		d. STREET ADDRESS (If rural, give location) 814 W. Monroe 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION De Paul Hospital				4. DATE OF DEATH (Month) (Day) (Year) Oct. 26, 1950			
3. NAME OF DECEASED (Type or Print) a. (First) CHRISTIAN		b. (Middle) A.		c. (Last) FORQUER		4. DATE OF DEATH (Month) (Day) (Year) Oct. 26, 1950	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Feb. 2, 1888	
9. AGE (In years last birthday) 62		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 1 MIN. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Timber man		10b. KIND OF BUSINESS OR INDUSTRY Coal Co. St. Louis & Co. Fallon		11. BIRTHPLACE (State or foreign country) Ridge Prairie, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Albert Forquer		13b. MOTHER'S MAIDEN NAME Paulina Koelle		14. NAME OF HUSBAND OR WIFE Sophia Forquer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no		16. SOCIAL SECURITY NO. 490-0350 415		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Sophia Forquer Belleville			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage from right middle cerebral artery ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) ? II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. encephalomalacia right parietal lobe				INTERVAL BETWEEN ONSET AND DEATH 3 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. HOW DID INJURY OCCUR? 352X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from Oct. 19, 1950 , to Oct. 26, 1950 , that I last saw the deceased alive on Oct 26, 1950 , and that death occurred at 7:25 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE Warren B. Mills M.D.		(Degree or title)		23b. ADDRESS 3720 Washington Blvd. St. Louis, Mo.		23c. DATE SIGNED 10/28/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 30, 1950		24c. NAME OF CEMETERY OR CREMATORY Walnut Hill		24d. LOCATION (City, town, or county) (State) Belleville, Illinois	
DATE REC'D BY LOCAL REG. OCT 30 1950		REGISTRAR'S SIGNATURE J B Sasser		GENERAL DIRECTOR'S SIGNATURE ADDRESS Edgar A. Baldus, Belleville, Ill.			

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Edgar A. Baldus.
Licensed Embalmer No. 2846
P. O. Address Belleville, 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.