

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6176**

**FILED MAR 4 1954**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1439**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>5 yrs</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4440 Lindell</b>		e. STREET ADDRESS (If rural, give location) <b>19 4440 Lindell</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>CARL</b>	b. (Middle) <b>MELVILLE</b>	c. (Last) <b>FORLINE</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Feb - 14-1954</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>June 27, 1887</b>	9. AGE (In years last birthday) <b>66</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>sales director</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>heavy construction</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Downs, Kansas</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Charles M. Forline</b>	13b. MOTHER'S MAIDEN NAME <b>Verna Market</b>	14. NAME OF HUSBAND OR WIFE <b>Georgia Forline</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>357-09-4795</b> <b>Yes</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Charles Forline</b>	ADDRESS <b>4440 Lindell</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CONGESTIVE HEART FAILURE</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arterio-sclerotic heart disease</b>		<b>5 yrs</b>
	DUE TO (c) <b>Parkinsons disease</b>		<b>10 yrs</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19a. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>4200</b>

22. I hereby certify that I attended the deceased from **Dec 10, 1954**, to **Feb 14, 1954**, that I last saw the deceased alive on **Feb 14, 1954**, and that death occurred at **2:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>4952 Maryland</b>	23c. DATE SIGNED <b>Feb 15-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>cremation</b>	24b. DATE <b>Feb 15, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Crematory</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo.</b>
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DATE REC'D BY LOCAL REG. <b>FEB 15 1954</b>	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <b>C. R. Lupton &amp; Sons</b>	ADDRESS <b>7233 Delmar Blvd</b>
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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.....  
Signature of Student Embalmer

Signed... *Arnold W. Schoene*

Licensed Embalmer No. *386*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.