

FILED MAY 25 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17144**  
Registrar's No. **4319**

BIRTH NO. **528 29-54** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Saint Louis Maternity</b>		d. STREET ADDRESS (If rural, give location) <b>3849 St Louis Avenue</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Baby</b> b. (Middle) c. (Last) <b>Forrest</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 12 1954</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>May 12 1954</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>2</b> IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.
11. BIRTHPLACE (City and State or Foreign Country) <b>St Louis Missouri</b>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>Paul Forrest</b>		13b. MOTHER'S MAIDEN NAME <b>Rosemary Arnbruster</b>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Rosemary Forrest</b> ADDRESS <b>Above add</b>	
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) <b>Premature birth gestation 24 wks</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Premature rupture membranes 1/2 mo</b> DUE TO (c) <b>circumvillate placenta</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19. DATE OF OPERATION <b>5/12/54</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
19b. MAJOR FINDINGS OF OPERATION <b>Vaginal Delivery</b>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour)		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR?		<b>776X</b>	
22. I hereby certify that I attended the deceased from <b>May 12 1954</b> to <b>May 12 1954</b> , that I last saw the deceased alive on <b>May 12 1954</b> , and that death occurred at <b>10:40 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Frank B. Long, Jr. MD</b>		23b. ADDRESS <b>110 S. Central Clayton</b>	
23c. DATE SIGNED <b>5/13/54</b>		24. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	
24b. DATE <b>May 14-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary</b>	
24d. LOCATION (City, town, or county) (State) <b>St Louis</b>		DATE REC'D BY LOCAL REG. <b>MAY 14 1954</b>	
REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Ray Mullen</b> ADDRESS <b>5041 Delmar</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

*Not Embalmed  
Guy Miller*

Signed.....

Licensed Embalmer No. ....

P. O. Address.....

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.