

FILED JUL 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25786**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **1537**

1. PLACE OF DEATH a. COUNTY St. Louis Co		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fenton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Shrewsbury 4561	
c. LENGTH OF STAY (in this place) 14 da.		d. STREET ADDRESS (If rural, give location) 5013 Exeter Ave	
d. FULL NAME OF HOSPITAL OR INSTITUTION Fenton Home			

3. NAME OF DECEASED (Type or Print) a. (First) Roberta b. (Middle) Vic c. (Last) Forbes			4. DATE OF DEATH (Month) (Day) (Year) June 28 1954		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb 24 1872	9. AGE (In years) (last birthday) 82	IF UNDER 1 YEAR Months 4 Days 5
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (City and State or Foreign Country) Onley Illinois		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Franklin Seau	13b. MOTHER'S MAIDEN NAME Mary Jane Stewart	14. NAME OF HUSBAND OR WIFE Henry Donaldson Forbes
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Irene Niemeier, above ADDRESS _____
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia		INTERVAL BETWEEN ONSET AND DEATH 3 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease		Unknown
	DUE TO (c) Senility marked		Unknown
11. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Amputation Right Leg 1948			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION 4200	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **June 28 1954**, to **June 28 1954**, that I last saw the deceased alive on **June 28 1954**, and that death occurred at **11:10 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr Leo W. Rehner 2 D.O.	23b. ADDRESS Box 91 Fenton, Mo	23c. DATE SIGNED 6/29/54
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24a. BURIAL, CREMATION REMOVAL (Specify) Burial	24b. DATE 7-1-54	24c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. 6-30-54	REGISTRAR'S SIGNATURE Herbert P. Donk M.D.	25. FUNERAL DIRECTOR'S SIGNATURE JAY B. SMITH, Maplewood, Mo. ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 H. P. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.