FILED APR 2 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10713

BIRTH NO. 9513-56 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2865

1. PLACE OF DEATH
a. COUNTY X
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (In this place) 30 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION Booth Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY X
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis
d. STREET ADDRESS (If rural, give location) 6827 Michigan 2019

3. NAME OF DECEASED (Type or Print)
a. (First) David
b. (Middle) Lee
c. (Last) Forshee

4. DATE OF DEATH (Month) 2 (Day) 24 (Year) 1956

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant
8. DATE OF BIRTH 2-23-56
9. AGE (In years last birthday) — If under 1 year: Months; Days 1; If under 24 hrs.: Hours 6, Min. 18

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) -
10b. KIND OF BUSINESS OR INDUSTRY -
11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Robert Amos Forshee
13b. MOTHER'S MAIDEN NAME Helen Ann Williams
14. NAME OF HUSBAND OR WIFE --

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Helen Forshee **ADDRESS** 6827 Michigan

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Immature Atelectasis Pulmonary - Organism — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. 76215

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/23, 1956, *to* 2/24, 1956, *that I last saw the deceased alive on* 2/24, 1956, *and that death occurred at* 11:38 m., *from the causes and on the date stated above.*

23a. SIGNATURE J W Barker (Degree or title) MD
23b. ADDRESS 1506 S Jefferson
23c. DATE SIGNED 2/25/56

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE 3-31-56
24c. NAME OF CEMETERY OR CREMATORY Anatomical Board
24d. LOCATION (City, town, or county) St. Louis, Mo. (State)

DATE REC'D BY LOCAL REG. MAR 21 1956
REGISTRAR'S SIGNATURE J Earl Smith MD
25. FUNEERAL DIRECTOR'S SIGNATURE AND ADDRESS Rowland-Aker Mortuary Service, 4104 Manchester Ave., St. Louis 10, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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

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