

Health,  
& Welfare  
Public  
Service

S. 300  
v. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

FILED OCT 28 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37031

STATE FILE NUMBER

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 273

1. PLACE OF DEATH a. COUNTY <b>St. Charles</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Charles</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Charles,</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>St. Charles,</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1000 Pike St.</b>		Length of stay in lb <b>2 Yrs.</b>	d. STREET ADDRESS <b>1000 Pike St.</b>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>George</b> Middle <b>W.</b> Last <b>Fore</b>			4. DATE OF DEATH Month <b>Oct.</b> Day <b>19,</b> Year <b>1957</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 1, 1892</b>	9. AGE (In years of birthday) <b>65</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Molder</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	11. BIRTHPLACE (City and state or country) <b>Rolla, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>James Fore</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Mace</b>		14. NAME OF HUSBAND OR WIFE <b>Sylvia Fore</b>	
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>492-07-9565</b>	17. INFORMANT Address <b>Sylvia Fore, 1000 Pike St., St. Charles</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>acute myocardial infarct</b> DUE TO (b) <b>coronary artery disease</b> DUE TO (c) <b>4201</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH <b>12 hours</b> <b>5 yrs</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from <b>Jan 1-56</b> to <b>October 19 57</b> and last saw her alive on <b>10-19-57</b> Death occurred at <b>12:50 PM 10-19-57</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>George L Kuster M.D.</b>			22b. ADDRESS <b>St. Charles, Mo</b>		22c. DATE SIGNED <b>10-19-57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
<b>Removal</b>	<b>10/22/57</b>	<b>New St. Marcus Cem.</b>		<b>St. Louis, Mo.</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Fendler Und. Co, 7420 Michigan Ave.</b>			25. DATE RECD. BY LOCAL REG. <b>Oct. 21 - 57</b>	26. REGISTRAR'S SIGNATURE <b>Marcella Wilson</b>	

(Licensed Embalmer's Statement on Reverse Side)

Missouri

St. Charles, Mo.

1000 Pike St. S. Yrs.

St. Charles, Mo.

1000 Pike St. S. Yrs.

Feb. 1, 1927

62

Feb. 1, 1927

x

White

Male

USA

Rolla, Mo.

Registered

Master

Sylvia Fore

Mary Fore

James Fore

1000-07-02 Sylvia Fore, 1000 Pike St. St. Charles, Mo.

No. No.

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 *W. J. Peterson* .....

Licensed Embalmer No. *3767*

P. O. Address *7420 Michigan*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.

Forester and Co., St. Charles, Mo.