

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035081
STATE FILE NUMBER

FILED SEP 22 1958 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2246

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1-57

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lemay		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mt. St. Rose		Length of stay in lb 18 days - 10/6/58	d. STREET ADDRESS (If outside, give location) 5757 Wabada Ave.

3. NAME OF DECEASED (Type or print) First Catherine Middle Forkan Last Forkan			4. DATE OF DEATH Month Aug. Day 26 Year 1958		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9-23-1894	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months 4 Days 26 Hours 0 Min. 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (City and state or country) Ireland	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Brennan	13b. MOTHER'S MAIDEN NAME Mary Mc. Nichols	14. NAME OF HUSBAND OR WIFE John J. Forkan
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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 John J. Forkan Address 5757 Wabada Ave.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterio Sclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Coronary Arterio Sclerosis	
	DUE TO (c) Diabetes Mellitus 260 X A	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Rheumatoid Arthritis - Pulmonary Tbc.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

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.)
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20c. TIME OF INJURY Hour 10: P. Month, Day, Year 8/26/58	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 St. Louis COUNTY Mo STATE
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21. I attended the deceased from 7/5/58 to 8/26/58 and last saw her alive on 8/21/58 Death occurred at 10: P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. Hayden M.D. (Degree or title)	22b. ADDRESS 730 Hodgesman	22c. DATE SIGNED 8/27/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 8-29-1958	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) St. Louis (State) Mo
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24. FUNERAL DIRECTOR Cullinane Bros ADDRESS 3320 N Kingshighway	25. DATE RECD. BY LOCAL REG. 8-28-58	26. REGISTRAR'S SIGNATURE Herbert R. Combe M.D.
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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

Laurence O. Gerling

Licensed Embalmer No. *4974*

P. O. Address *St. Louis*

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.