

FILED VS SEP 8 1960

318 Primary Registration District No. 1003 Registrar's No. 8527

STATE FILE NUMBER

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St Louis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis | | c. CITY OR TOWN Sunset Hills | |
| Length of stay in 1b 5 Days | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Anthony Hospital | | d. STREET ADDRESS (If outside, give location) 4128 So Lindbergh | |
| Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First Middle Last Olga K. Forsman | | | 4. DATE OF DEATH Month Day Year Aug. 29th 1960 | | |
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| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 12-22-1886 | 9. AGE (last birthday) 73 | IF UNDER 1 YEAR Months Days Hours Min. 8 7 | IF UNDER 24 HR Hours Min. 8 7 |
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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 Home | 11. BIRTHPLACE (City and state or country) St Louis Mo. | 12. CITIZEN OF WHAT COUNTRY USA |
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| 13a. FATHER'S NAME Martin Reifeiss | 13b. MOTHER'S MAIDEN NAME Barbara Doerr | 14. NAME OF HUSBAND OR WIFE Waldo W Forsman Sr |
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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 Dr Waldo W Forsman Jr | Address 4128 So. Lindbergh |
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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) Cerebral arteriosclerosis | | INTERVAL BETWEEN ONSET AND DEATH 6 mo |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Generalized arteriosclerosis | |
| | DUE TO (c) 334X | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 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 a.m. p.m. | Month, Day, Year |
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| 20d. INJURY OCCURRED WHILE AT WORK <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 her | COUNTY | STATE |
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| 21. I attended the deceased from 1956 to 8-29-1960 and last saw her alive on 8-28-1960 |
| Death occurred at 7:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated. |

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| 22a. SIGNATURE <i>[Signature]</i> | (Degree or title) | 22b. ADDRESS 5205 Chippin St St Louis Mo | 22c. DATE SIGNED 8-30-60 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Aug 31 1960 | 23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park | 23d. LOCATION (City, town, or county) (State) Affton, Mo. |
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| 24. FUNERAL DIRECTOR Fey Funeral Home, Mehlville Mo. | 25. REG. BY LOCAL REG. AUG 30 1960 | 26. REGISTRAR'S SIGNATURE Earl Smith. M.D. |
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DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____, or by _____, Student Embalmer No. _____, working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Gustav W. Junt
Licensed Embalmer No. 432
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.