

AMENDED **318** Primary Registration District No. **1003** Registrar's No. **4195** STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **4195**  
**FILED MAY 10 1961**

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <i>Nil</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		c. CITY OR TOWN <i>Glendale</i>	
Length of stay in 1b <i>10 days</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. John's Hospital</i>		d. STREET ADDRESS (If outside, give location) <i>756 Edwin Ave.</i>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>Lester Alexander Forbes</i>			4. DATE OF DEATH Month Day Year <i>5-2-1961</i>
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>8-16-'17</i>
9. AGE (last birthday) <i>43</i>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Supervisor</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>U.S. P. O. insp. serv.</i>	11. BIRTHPLACE (City and state or country) <i>St. Louis, Mo.</i>
12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>		13a. FATHER'S NAME <i>Alexander Hiram Forbes</i>	
13b. MOTHER'S MAIDEN NAME <i>Rose Kennedy</i>		14. NAME OF HUSBAND OR WIFE <i>Betty Honak Forbes</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <i>Yes W.W.#2</i>		16. SOCIAL SECURITY NUMBER <i>#279660</i>	
17. INFORMANT <i>Ray Forbes</i>		Address <i>756 Edwin Ave St Louis Mo.</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinoma of lung</i>			INTERVAL BETWEEN ONSET AND DEATH <i>14 mo</i>
DUE TO (b) <i>163X</i>			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	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 COUNTY STATE	
21. I attended the deceased from <i>1-8-60</i> to <i>5-2-61</i> and last saw him alive on <i>5-1-61</i> Death occurred at <i>2:30 A.</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (D. or title) <i>William O. Turner M.D.</i>		22b. ADDRESS <i>4401 Hampton</i>	22c. DATE SIGNED <i>5-2-61</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>5-4-1961</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>
24. FUNERAL DIRECTOR <i>Mittelberg</i> ADDRESS <i>Webster Groves, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>MAY 3 1961</i>	26. REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i>

10, 1-5-7      77-01-1  
 10, 1-5-7      77-01-1  
 10, 1-5-7      77-01-1  
 10, 1-5-7      77-01-1

**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 John J. Harrison

Licensed Embalmer No. 4108

P. O. Address St. Louis, Mo.

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.

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