# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

Do not use this space.

20751

1. PLACE OF DEATH

96 County St Louis — Registration District No. 1123 — File No.

Township Crondelet — Primary Registration District No. 6548 B — Registered No. 193

City Koch - Mo (No. Koch Hospital St. Ward)

2. FULL NAME Joe Fernandez

(a) Residence. No. 7610 Reilly St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) |
|---|---|---|
| M | W | Married |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Married

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 13, 1889

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 43 | 3 | 28 | |

8. OCCUPATION OF DECEASED 232
(a) Trade, profession, or particular kind of work Laborer 25
(b) General nature of industry, business, or establishment in which employed (or employer) 31
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Spain 25

PARENTS

10. NAME OF FATHER Joe Fernandez

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Spain

12. MAIDEN NAME OF MOTHER Marcella Cervantes

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Spain

14. INFORMANT Joe Fernandez
(Address) 7610 Reilly a

15. FILED June 12 1932 L. C. Obrock M.D. REGISTRAR

## 3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 11 1932

17. I HEREBY CERTIFY, That I attended deceased from 4-15, 1932, to June 11, 1932 that I last saw him alive on 6-11, 1932 and that death occurred, on the date stated above, at 1:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Far advanced Pulmonary Tuberculosis

(duration) 1 yrs. 8 mos. ds.

CONTRIBUTORY (SECONDARY) Gastro-Intestinal Tuberculosis (duration) 1 yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Unknown

DID AN OPERATION PRECEDE DEATH? — DATE OF — (1)

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? Clinical, X-ray Lab.

(Signed) O. E. Cook, M. D.

6-11, 1932 (Address) Koch, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. PLACE OF BURIAL, CREMATION, OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mount Hope | 6-14-1932 |
| 20. UNDERTAKER Southern | ADDRESS 6320 S. Grand |

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 27 1932