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.

JAN 26 1934

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

Do not use this space.

42006

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City ..... (No. 6901, Pennsylvania St. ..... Ward)

File No. .....

Registered No. 11051

2. FULL NAME Olivia Fernandez

(a) Residence, No. 6901 Pennsylvania St. ..... Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX female

4. COLOR OR RACE white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 17-1926

7. AGE YEARS 7 MONTHS DAYS 6 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) East St. Louis Ill.

FATHER

13. NAME Fernandez Fernandez

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Spain

MOTHER

15. MAIDEN NAME Marie Perez.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Spain

17. INFORMANT (ADDRESS) Jovino Perez. 691

18. BURIAL, CREMATION, OR REMOVAL PLACE Mnt Hope Cem DATE Dec. 26 1933

19. UNDERTAKER (ADDRESS) Jos. P. Fendler. Jr. 7128 Michigan

20. FILED [illegible] 1933 19 J. S. Bridick Registrar.

## 2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-23, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-19, 1933, to 12-23, 1933

I last saw her alive on 12-23, 1933 Death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chr. Myocarditis | |
| 93C | |
| 95B | |

Other contributory causes of importance:

Cardiac Decompensation

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Charles Ehlers, M. D.

(Address) 7201 a So. Broadway