

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.

APR 25 1934

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

Do not use this space.

11529

1. PLACE OF DEATH

County _____
Township _____
City St. Louis

Registration District No. 7011
Primary Registration District No. 1003
(No. 7019, Minimissola Ave)

File No. _____
Registered No. 2349
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 7019 Minimissola St., 1 Ward.

(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 Male 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) Feb. 4 - 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) St. Louis Mo

13. NAME Dr. Alvarez

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

15. MAIDEN NAME Marie Fernandez

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

17. INFORMANT (ADDRESS) Juanita Fernandez
7207 1/2 Broadway

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Hope Cem DATE MAY 7 1934

19. UNDERTAKER (ADDRESS) Joe. P. Finkler Jr
7128 Michigan Ave

20. FILED J. B. Decker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 6 1934

22. I HEREBY CERTIFY, That I attended deceased from March 4 1934, to March 6 1934

I last saw him alive on Mar 5 1934. Death is said to have occurred on the date stated above, at 7:30 P. m.

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

Mitral Stenosis Date of onset

971 922

Other contributory causes of importance:

Name of operation MIE Date of _____

What test confirmed diagnosis? many Was there an autopsy? NY

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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) F. F. Zeller, M. D.

(Address) 7119 So. Broadway

