

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.

JAN 13 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791

Do not use this space.

41436

1. PLACE OF DEATH

County Registration District No. 1003
Township Primary Registration District No.
City St. Louis (No. St. John Hospital)

File No.
Registered No. 10660
St. Ward)

2. FULL NAME

Veronica Santil

(a) Residence, No. 3430 Oregon St., 24 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 18, 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
40 9 28

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

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

MOTHER 13. NAME Mattie Rosenauer

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

15. MAIDEN NAME Johanna Brich

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

17. INFORMANT (ADDRESS) Francis Santil 3430 Oregon St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter Paul DATE Dec. 19 1935

19. UNDERTAKER (ADDRESS) W. H. Bredeck 2906 Grange St.

20. FILED DEC 14 1935 W. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-16-1935

22. I HEREBY CERTIFY, That I attended deceased from June 18th, 1935, to Dec. 16th, 1935

I last saw her alive on Dec. 12th, 1935 Death is said

to have occurred on the date stated above, at 2:20 P. M.

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

Surgical shock Date of onset 10:30 A.M.
Chronic Myocarditis 12-16-35

Other contributory causes of importance:

Chronic Cholelithiasis

Name of operation Cholecystomy Date of 12-16-35

What test confirmed diagnosis? Autopsy

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ✓ Date of injury ✓, 1935

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? no

If so, specify ✓
(Signed) W. H. Bredeck M. D.
(Address) 3353 Parkview St. Mo.

