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.

I X7294

NOV 29 1936

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

Do not use this space.
43369

1. PLACE OF DEATH
County St Louis — Registration District No. 1123 — File No.
Township Carondelet — Primary Registration District No. 6248 B — Registered No. 452
City Koch Mo (No. Koch Hospital St. Ward)

2. FULL NAME Boni Masqueda (Masqueda)
(a) Residence, No. 2215 S 3d St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 1 yrs. 1 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Mexican
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 14 1901

7. AGE: YEARS 35 — MONTHS 6 — DAYS 15 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: General Labor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Foundry
10. Date deceased last worked at this occupation (month and year): 1929
11. Total time (years) spent in this occupation: 17

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mexico City Mexico

FATHER
13. NAME: Jesse Masqueda
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mexico

MOTHER
15. MAIDEN NAME: Isabelle Lopez
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mexico

17. INFORMANT (ADDRESS): Koch Hospital Record

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Peter & Paul DATE Dec 2 1936

19. UNDERTAKER (ADDRESS): Weick & Bross 2201 So Grand

20. FILED Nov 30 1936 G Mowry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1936, to Nov 29, 1936
I last saw him alive on Nov 28, 1936. Death is said to have occurred on the date stated above, at 5 50 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Pulmonary Tuberculosis	Aug 1935
Tuberculosis of Larynx	May 1936

Other contributory causes of importance:

Name of operation: X-Ray — Date of
What test confirmed diagnosis? Sputum — Was there an autopsy? No

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? No
If so, specify
(Signed) Paul Murphy, M. D.
(Address) Koch Mo