AUG - 5 1937

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

Do not use this space.

791
1003

25503

File No.
Registered No. 6677

**1. PLACE OF DEATH**

County
Township
City St. Louis (No. St. Anthony's Hospital St. Ward)

Registration District No.
Primary Registration District No.

**2. FULL NAME** Gilbert Louis Ornelas

(a) Residence, No. Y.M.C.A. Locust at 16th St. 25 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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| Male | White | Single |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 30, 1900

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 36 | 8 | 19 | |

OCCUPATION

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

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

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) Nuevo Laredo Mexico

FATHER

13. NAME Enrique Ornelas

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Satillo Mexico

MOTHER

15. MAIDEN NAME Frances Walsh

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT (ADDRESS) Edgar Walsh 1727 Beulah Pl.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grobe Cem. DATE 7-12 1937

19. UNDERTAKER (ADDRESS) Kriegshauser Mortuaries 4228 So. Kingshighway

20. FILED JUL 12 1937 J. F. Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-9, 1937

22. I HEREBY CERTIFY, That I attended deceased from 7/7/37, 19..., to 7/9/37, 19...
I last saw him alive on 7/9/37, 19... Death is said to have occurred on the date stated above, at 7:45 A.M.
The principal cause of death and related causes of importance were as follows:

Date of onset

Acute suppurative appendicitis

Other contributory causes of importance:
Acute cloudy swelling of heart muscle

Name of operation Appendictomy Date of 7/7/37
What test confirmed diagnosis? post mort Was there an autopsy? yes

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) [signature], M. D.
(Address) 3415 So. Grand

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION

Dr Pernod
3112 So Grand