

duplicate
JAN 10 1938

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

43547
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. 791/1008

(b) Township Primary Registration District No. 1008

(c) City St. Louis (d) Street No. Mo. Pac. Hospital Registered No. 11797 St. Mo. Pac. Hospital
(If death occurred in Hospital or Institution, write its name instead of street and number)

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

2. PRINT FULL NAME Manuel-Maurilio GARCIA

(a) Residence, No. 804 ANN-AVE. ST. LOUIS - MO. 23 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV-16-1903

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 34 1 7

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

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

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

11. Total time (years) spent in this occupation 23

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico 18

13. NAME Manuel Garcia

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico 18

15. MAIDEN NAME Augustina Mena

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico 18

17. INFORMANT Anna Garcia
(ADDRESS) 804 Anna Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE SS. Peter & Paul DATE Dec. 27, 1937

19. FUNERAL DIRECTOR Ann C Magdell
(ADDRESS) 1926 Allen Ave.

20. FILED DEC 23 1937 J. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-23-1937

22. I HEREBY CERTIFY, That I attended deceased from Dec-18-1937 to Dec-23-1937.
I last saw him alive on Dec-18-1937. Death is said to have occurred on the date stated above, at SS. A. m.
The principal cause of death and related causes of importance were as follows:
Syphilitic-Heart-Disease Date of onset

Other contributory causes of importance:
CARDIAC-DECOMPENSATION.

Name of operation Date of

What test confirmed diagnosis? CLINICAL 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? NO.
If so, specify

(Signed) A. P. Lopez M. D.
(Address) Mo. Pac. Hospital

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.

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STATEMENT BY LICENSED EMBALMER

I, Wm. C. Moydell, Licensed Embalmer No. 1467

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. 1467

working under my personal supervision.

Signed

Wm. C. Moydell

Licensed Embalmer No. 1467

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)