

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.

REC'D APR 11 1938

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

791
1003

9372
Do not use this space.

Registered No. 2961

1. PLACE OF DEATH
(a) County St. Louis Children's Registration District No.
(b) Township Hospital Primary Registration District No.
(c) City (d) Street No.
(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. 7 mos. — ds. (f) How long in U. S., if of foreign birth? — yrs. — mos. — ds.

2. PRINT FULL NAME Ignacio Rodriguez, Jr. 362
(a) Residence, No. 7110 North 2d St. St. W.R. East St. Louis, Ill.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-30-28

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>9</u>	<u>6</u>	<u>27</u>		

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carthage, Illinois

FATHER
13. NAME Ignacio
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico

MOTHER
15. MAIDEN NAME Victoria Oropeza
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico

17. INFORMANT (ADDRESS) R. Moore
500 S. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL PLACE Carthage, Illinois Ill DATE Mar. 29 1938

19. FUNERAL DIRECTOR (ADDRESS) Herbert G. Kassy
Carthage, Illinois, Ill

20. FILE MAR 29 1938 J. B. Biebeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-27-38 19

22. I HEREBY CERTIFY, That I attended deceased from 8-7-37, 19, to 3-27-38, 19.
I last saw him alive on 3-27-38, 19. Death is said to have occurred on the date stated above, at 8:15 a.m.
The principal cause of death and related causes of importance were as follows:
Pneumatic heart disease Date of onset 7-1-37

Other contributory causes of importance:
Appendiceal abscess 3-19-38
Septicemia - Green Strep 3-20-38

Name of operation Drainage appendiceal abscess Date of 3-24-38
What test confirmed diagnosis? Autopsy 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?
If so, specify Ralph W. Bartow M. D.
(Signed) 500 S. Kingshighway
(Address)

STATEMENT BY LICENSED EMBALMER

I, L. R. Cooper, Licensed Embalmer No. 3633

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. _____
working under my personal supervision.

Signed L. R. Cooper

Licensed Embalmer No. 3633

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.)