

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

640
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City **ST. LOUIS MO.** (d) Street No. **ST. ANTHONY HOSPITAL** St.
 (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME **MARION SANTANA**

(a) Residence, No. **2034 RUTGER ST.** St. **22** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **MALE** 4. COLOR OR RACE **WHITE** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **MARRIED**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **MARCH 31-1887**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 9 19

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

12. BIRTHPLACE (CITY OR TOWN) **FAJORDA, HUMASOR**
 (STATE OR COUNTRY) **PORTO, RICO.**

FATHER
 13. NAME **UNKNOWN. SANTANA.**

14. BIRTHPLACE (CITY OR TOWN) **UNKNOWN.**
 (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME **UNKNOWN.**

16. BIRTHPLACE (CITY OR TOWN) **U. N. KNOWN**
 (STATE OR COUNTRY)

17. INFORMANT **EVA SANTANA**
 (ADDRESS) **2034 Rutger St**

18. BURIAL, CREMATION, OR REMOVAL PLACE **National Jefferson Barracks** DATE **JAN 23, 1939**

19. FUNERAL DIRECTOR (NAME) **E. J. Schmur**
 (ADDRESS) **3125 Lafayette Ave.**

20. FILED **JAN 20 1939** **J. D. Budick**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **JAN 19, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **Nov 17, 1938**, to **Jan 19, 1939**
 I last saw him alive on **Jan 19, 1939** Death is said to have occurred on the day stated above, at **11 p. m.**
 The principal cause of death and related causes of importance were as follows:

Amnesia of Stomach
Cerebral of Pneumonia
Primary
 Date of onset **Nov 1938**

Other contributory causes of importance: **none**

Name of operative **digestive stomach** Date of **12/28/38**
 What test confirmed diagnosis? **aspiration and autopsy** 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) **Robert G. Warner** M. D.
 (Address) **1115 Paul Brown Bldg**
St. Louis Mo

N. B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

7 MAR 9 7 1945

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Jose B. Vollmer
Licensed Embalmer No. 41014
P. O. Address 3125 Lafayette Ave

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

If this body is not embalmed, above space should be left blank.