DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34676

Registration District No. 791 1009

Primary Registration District No.

Registrar's No. 9214

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 7106 S. BROADWAY
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 7106 S. BROADWAY
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME FLORENTINA FERNANDEZ 655

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive years

7. Birth date of deceased SEPT. (Month) 12- (Day) 27 (Year)

8. AGE: Years 12 Months 1 Days 13 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO. (State or foreign country) O

10. Usual occupation SCHOOL GIRL

11. Industry or business

FATHER
12. Name JOSEPH FERNANDEZ
13. Birthplace SPAIN (City, town, or county) SPAIN (State or foreign country)

MOTHER
14. Maiden name MARY YGLESIAS
15. Birthplace (City, town, or county) SPAIN (State or foreign country)

16. (a) Informant's own signature Helen Fernandez
(b) Address 7106 So BROADWAY

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Oct 28-39 (Month) (Day) (Year)
(c) Place: burial or cremation MNT. HOPE CEM.

18. (a) Signature of funeral director Jos. P. Fendler Jr
(b) Address 7128 Michigan Av.

19. (a) OCT 27 1939 (Date received local registrar) (b) J. F. Budrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 25 year 1939 hour 3 minute P M.

21. I hereby certify that I attended the deceased from Oct 18, 1939, to Oct 25, 1939 that I last saw her alive on Oct 25, 1939 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Mitral Stenosis	
Due to —	
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following: —
(a) Accident, suicide, or homicide (specify) —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature F. F. Zeller (M. D. or other) 1
Address 7119 So Edcugay Date signed Oct 26 39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 6-17-39 1 X19511

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 Jos. P. Fendler Jr.

Licensed Embalmer No. 925

P. O. Address St. Louis

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.)

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