

RECORD 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.

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: City Hospital  
(If not in hospital or institution, write street number or location) 4 days  
(d) Length of stay: In hospital or institution 9 yrs (Specify whether years, months or days)  
In this community \_\_\_\_\_

REC FEE 17 1947

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 23  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1517 S. 12th St  
(If rural, give location)  
(e) If foreign born, how long in U.S. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Mary Soto  
(b) If veteran, name war No  
3. (c) Social Security No. None

20. DATE OF DEATH: Month Jan. day 29 year 1940 hour \_\_\_\_\_ minute A. 30 A.M.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W  
6. (b) Name of husband or wife Pedro 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Jan. 8, 1886  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_ and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
64 0-- 23 hr. \_\_\_\_\_ min.

Immediate cause of death Arteriosclerosis  
Chronic Nephritis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

9. Birthplace Porto Rico  
(City, town, or county) (State or foreign country)  
10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
12. Name Jos. Sotomayor  
18. Birthplace Spain  
14. Maiden name Solennia Mercado  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant's own signature Mrs. Matilda Ferrasadey  
(b) Address 1420 Menard St  
17. (a) Burial (b) Date thereof 1/31/40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Matthews Cem  
18. (a) Signature of funeral director R. W. McLaughlin  
(b) Address 2301 Lafayette Ave  
19. (a) JAN 30 1940 (b) \_\_\_\_\_  
(Date received local registrar)

While at work \_\_\_\_\_ (Specify type of injury) \_\_\_\_\_ (Cause of injury)  
23. Signature Alfred Perry (M. D. or other) \_\_\_\_\_  
Address Alfred Perry Date signed 1-30-40

**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 L. R. Cooper

Licensed Embalmer No. 2633

P. O. Address 2317 Lafayette

**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.**