FILED APR 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1003

State File No. 8764

Registration District No. 791

Primary Registration District No.

Registrar's No. 2247

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: 7326 PENNSYLVANIA. AV.
(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. 7326 PENNSYLVANIA.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 30 years.

3. (a) PRINT FULL NAME NICOLAS. SUAREZ

3. (b) If veteran, name war no

3. (c) Social Security No. no.

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife AURELIA.

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

7. Birth date of deceased APR. (Month) ? (Day) 1871 (Year)

8. AGE: Years 68 | Months 11 | Days X | If less than one day hr. min.

9. Birthplace (City, town, or county) SPAIN. (State or foreign country)

10. Usual occupation LABORER-

11. Industry or business RETIRED.

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

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

16. (a) Informant's own signature Louis Suarez.
(b) Address 7326 Pennsylvania.

17. (a) BURIAL. (Burial, cremation, or removal) (b) Date thereof 3-9-40 (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

19. (a) MAR 6 1940 (Date received local registrar) (b) J. B. Baldick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6th
year 1940 hour 4 minute 45 A M.

21. I hereby certify that I attended the deceased from 2 am. March 6, 1940, to 4:45 AM. March 6, 1940
that I last saw him alive on March 6, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage — Duration 3 hrs ?

Due to Hypertension plus excitement

Due to Cardio-renal disease

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 Norman C. Miller (M. D. or other) M.D.
Address 7327 S. Broadway Date signed Mar 6 1940

(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. 5-17-39 I 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 Jno. C. 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.