

No. 2
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AY 15 1940

Registration District No. 791

Primary Registration District No. 1003

State File No.

Registrar's No. 3380

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 1814a Benton St. 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 26 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 26
(If outside city or town limits, write "RURAL")
(d) Street No. 1814a Benton St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. 26 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 12
year 1940 hour 1:00 minute P. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

3. (a) PRINT FULL NAME Mary R. Velasco. 420
3. (b) If veteran, name war No. 3. (c) Social Security No. None.

that I last saw _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Late Henry Velasco. 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 21st. 1900
(Month) (Day) (Year)

Immediate cause of death Pulmonary Tuberculosis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years Months Days If less than one day
39 8 21 hr. min.

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

10. Usual occupation Housewife.

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown. 9
13. Birthplace Unknown. (City, town, or county) (State or foreign country)
14. Maiden name Unknown. 9
15. Birthplace Unknown. (City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy _____

16. (a) Informant Tony Velasco
(b) Address 1814a Benton St.
17. (a) Burial (b) Date thereof 4-15-40.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.

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? _____

18. (a) Signature of funeral director H. Leidner and Co
(b) Address 1417 N. Market St.
APR 14 1940
19. (a) _____ (b) _____
(Date received local registrar) (Registrar's Signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature Dr. J. B. ... (M. D. or other)
Address _____ Date dictated _____

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 *Homer L. Ponder*

Licensed Embalmer No. *3367*

P. O. Address *2223 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.

