

1834  
No. 2  
11-10-39  
5-17-39  
I X21492

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **4302**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: City Hospital, #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 Days  
(Specify whether  
In this community 25 years  
years, months or days)

3. (a) PRINT FULL NAME Joseph Suarez **620**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower  
6. (b) Name of husband or wife Antonia 6. (c) Age of husband or wife if alive --- years  
7. Birth date of deceased September 19, 1874  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>7</u>	<u>25</u>	hr. _____ min.

9. Birthplace Mexico City Mexico **3**  
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed **7**

11. Industry or business \_\_\_\_\_

12. Name Unknown **9**

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant James Suarez

(b) Address 2526a S. 18th St.

17. (a) Burial (b) Date thereof 5/15/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation O.S.S. Peter & Paul

18. (a) Signature of funeral director Wacker-Jobleske

(b) Address 2331 S. Broadway

19. (a) MAY 14 1940 (b) J.S. Brubaker  
(Date received local registrar) (Registrar's Signature)

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. 2526a S. 18th St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13  
year 1940 hour 8:10 minute A. M.

21. I hereby certify that I attended the deceased from May  
9, 1940, to May 13, 1940;  
that I last saw him alive on May 13, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Myxomatous heart disease decompenated  
Old cerebral tumor large  
St. int. Capsule  
Due to Strabius millitus

Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy as above

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (Means of injury)

23. Signature Jas. J. Steers (M. D. or other)

Address 1515 Lafayette Date signed 5/13/40

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

MOTHER FATHER

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**