

FILED JUL 15 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20833

State File No. **2450**

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 hours
(Specify whether years, months or days) 15 Years

3. (a) PRINT FULL NAME Faustino Medellian 215

3. (b) If veteran, name war. *** 8. (c) Social Security No. ****

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Cirila Medellian 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Jan 23 1886
(Month) (Day) (Year)

8. AGE: Years 54 Months 4 Days 21 If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business Hasn't worked for 20 yrs.

12. Name Frank Medellian

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

14. Maiden name Elizabeth Martinez

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

16. (a) Informant Mrs. Cresenciana Mora

(b) Address 2315 Marcier St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 17 40 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Weilert Funeral Home

(b) Address 2332 Monitor Place; K. C. Mo.

19. (a) June 16, 1940 (Date received local registrar) (b) M. M. Crave (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2134 Holly Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 22 Yrs. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14 year 1940 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 14 1940 to June 17 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Glomerulonephritis
Hypertension - Grade 3
Due to 121
Due to Endocarditis
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations <
Of autopsy As stated

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence <
(c) Where did injury occur? not injured
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no
While at work? (Specify type of place) (Of means of injury) 1
23. Signature Paul P. Stoeber (M. D. or other) 1
Address Kansas City Mo Date signed 6-13-40

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

Stooley

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 *Blaine E. Weelant*

Licensed Embalmer No. *4075*

P. O. Address *2332 Mount Pleasant*

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.