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10-39
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K2142

Registration District No. 311

Primary Registration District No. 6018A

Registrar's No. 126

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Farmington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
State Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo., 20 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Blanche Helen Lozano 250

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov. 16 1916
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
23 7 8 _____ hr. _____ min.

9. Birthplace Mexico City Mexico 2
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business 3

MOTHER FATHER { 12. Name Joseph Lozano 3

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

14. Maiden name Maria Valladares

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

16. (a) Informant Records of State Hospt. #4
(b) Address Farmington, Mo.

17. (a) (Burial, cremation, or removal) (b) Date thereof 6 26 40
(Month) (Day) (Year)

(c) Place: burial or cremation Colony Cemetery

18. (a) Signature of funeral director W. J. Robinson
(b) Address 2613 Chandler St.

19. (a) June 26-40 (b) W. J. Robinson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3542 California
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 24
year 1940 hour 11:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from 5-2, 19 40 to 6-24, 19 40
that I last saw her alive on 6-24, 19 40
and that death occurred on the date and hour stated above.

Immediate cause of death Hyperemulsimia
(Irreversible Poisoning) Duration 5 days

Due to Dementia - Metrazol Side Effect 6 days
Seizure
Due to Dementia Praecox, Single Type. 9 years

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None JH PHYSICIAN _____
Of autopsy None 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? Yes

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature C. C. Ault (M. D. or other) M.D.

Address Farmington, Mo. Date signed 6/28/40

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

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 W E Morris

Licensed Embalmer No. 3360

P. O. Address 2629 Chichester

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.