

F- 631 FILED SEP 25 1940
Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **6845**

1. PLACE OF DEATH:

(a) County Missouri
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day
In this community 22 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Arcadio Hernandez **655**

3. (b) If veteran, name was none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Pauline 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Jan. 12, 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 6 28 hr. min.

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

10. Usual occupation Foundry Worker

11. Industry or business Retired

MOTHER FATHER { 12. Name Jauquin Hernandez
13. Birthplace New Mexico
(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 Robert Hernandez

(b) Address 917 S. 22nd St

17. (a) Burial (b) Date thereof 8/13/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem

18. (a) Signature of funeral director R. W. McLaughlin

Address 2501 Lafayette Ave

19. AUG 12 1940 (b) J. T. Bredebeck
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State 0 Missouri (b) County _____
(c) City or town St. Louis **22**
(If outside city or town limits, write "RURAL")
(d) Street No. 1124 St. Ange St
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10,
year 1940 hour 3 minute 20 P. M.

21. I hereby certify that I attended the deceased from August
9, 1940 to August 10, 1940;
that I last saw him alive on August 10, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Intermittent Heart Disease -
acute stenosis.

Due to Chronic Myocarditis.

Other conditions (Include pregnancy within 3 months of death)
9/2/40

Major findings: Of operations _____
Of autopsy As above.

Duration
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)
(e) Means of injury _____

23. Signature James T. Murphy (M. D. or other) _____
Address 1215 Lafayette Date signed 8/12/40

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 Paul A. Keith

Licensed Embalmer No. 3662

P. O. Address 2317 Lafayette

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.