

8-2  
13-40  
17-39  
X23189

Registration District No. **791** Primary Registration District No. **1003**

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

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:  
**St. Louis City Hospital #1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **14 Days**  
(Specify whether years, months or days)  
In this community **20 years**

FILED DEC 11 1940

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1209 Grattan Street**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? **20 years** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **21**,  
year **1940** hour **9:50** minute **A.** M.

21. I hereby certify that I attended the deceased from **November 8**, 19**40**, to **November 21**, 19**40**  
that I last saw h im alive on **November 21**, 19**40**  
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME **Joseph Rodriguez**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **499-01-6057**

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

6. (b) Name of husband or wife **Eutina** 6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased **June 16, 1883**  
(Month) (Day) (Year)

8. AGE: Years **57** Months **5** Days **5** If less than one day hr. min.

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

10. Usual occupation **laborer**

11. Industry or business **unemployed**

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Joseph B. Rodriguez**

(b) Address **2717 Ende Avenue**

17. (a) **Burial** (b) Date thereof **11/23/40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **A. W. McLaughlin**

(b) Address **2301 Lafayette Av.**

19. (a) **NOV 22 1940** (b) **J. B. Bredich**  
(Date received local registrar) (Registrar's signature)

Immediate cause of death **Mural thromb** Duration \_\_\_\_\_  
**3 cerebral embolism**

Due to **Hypertensive heart disease**

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

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) (e) Means of injury \_\_\_\_\_

23. Signature **R. J. Maxwell** (M. D. or other) \_\_\_\_\_

Address **1517 Lafayette Ave.** Date signed **11/22/40**

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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

*L. P. Cange*

Licensed Embalmer No.

3633

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, fact should be so stated above.**