

No. 2
1-4-41
17-39
X28

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27074
Registrar's No. 6866

FILED SEP 17 1941
Registration District No. 791

Primary Registration District No. 1003

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

PLACE OF DEATH:

FILED SEP 17 1941
(a) County St. Louis, Missouri
(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:
Isolation Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 hours
(Specify whether
In this community 17 hours
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County 999
(c) City or town East St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2538 North 34th Street
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Elizabeth Cruz

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

4. Sex Female 5. Color White race Mexican 6. (a) Single, widowed, married, divorced Infant

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

7. Birth date of deceased September 27 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
10 27 hr. min.

9. Birthplace East St. Louis, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Infant

12. Name Frank Cruz

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

14. Maiden name Soledad Forrez

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

16. (a) Informant Edith V. Minor

(b) Address 5600 Arsenal St.

17. (a) East St. Louis, Ill. (b) Date thereof Aug 24/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation East St. Louis, Ill.

18. (a) Signature of funeral director John Kosby

(b) Address East St. Louis, Ill.

19. (a) AUG 25 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 24
year 1941 hour 6 minute 50 A. M.

21. I hereby certify that I attended the deceased from August 23, 1941 to August 24, 1941
that I last saw him or alive on August 24, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia - Duration 7 days
Pertussis

Due to _____
Due to 9

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy Bronchopneumonia

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 Loren Blaney (M. D. or other) MD
Address 5600 Arsenal Date signed 8/24/41

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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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed Ben N. Baldwin
Licensed Embalmer No. 2430
P. O. Address Ed Harris St

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.