S. No. 2
I—1-4-41
. 5-17-39
I X26330

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 22 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37019

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 9249

1. PLACE OF DEATH:

(a) County
(b) City or town St Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 36 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mexico (b) County
(c) City or town Monterey, N. L.
(If outside city or town limits, write "RURAL")
(d) Street No. Pino Suarez 746 Nte.
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Maria Luisa Villareal De Elizondo
3. (b) If veteran, name war No.
3. (c) Social Security No. No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ovidio
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased Sept. (Month) 26 (Day) 1888 (Year)

8. AGE: Years	Months	Days	If less than one day
53	1	25	hr. min.

9. Birthplace Montclova (City, town, or county) V. A. Mexico (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Felipe De J. Villareal
13. Birthplace Mexico (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Maria Del Refugio
15. Birthplace Mexico (City, town, or county) (State or foreign country)
16. (a) Informant Ovidio Elizondo
(b) Address Mexico
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-21-41 (Month) (Day) (Year)
(c) Place: burial or cremation Monterrey, Mexico
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.
19. (a) NOV 21 1941 (Date received by local registrar) (b) J. F. Bradley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 21 year 1941 hour 1265 minute A. M.
21. I hereby certify that I attended the deceased from Oct. 17 1941 to Nov 21 1941; that I last saw he alive on Nov 21 1941; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Pulmonary Embolism
Non Malignant cyst of mediastinum
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations Dermoid cyst of mediastinum
Of autopsy Pulmonary Embolism

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 F. P. Bradley (M. D. or other)
Address BARNES HOSPITAL Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 1861

P. O. Address.....

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.