

FILED JAN 14 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 56

1. PLACE OF DEATH:

(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:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 Mos., 27 Days
(Specify whether
 In this community 0
years, months or days)

3. (a) PRINT FULL NAME Thomas Gongora

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

4. Sex Male 5. Color of race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 68 years
 7. Birth date of deceased: _____
(Month) (Day) (Year)

8. AGE: abt 75 Years Months Days If less than one day
San Luis Potosi hr. min.
 9. Birthplace Unknown Old Mexico 3
(City, town, or county) (State or foreign country)

10. Usual occupation Driver

11. Industry or business

12. Name Unknown
 13. Birthplace Unknown Old Mexico 3
(City, town, or county) (State or foreign country)
 14. Maiden name Beloye Goras
 15. Birthplace San Luis Potosi Old Mexico
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas Gongora
 (b) Address 1025 Frey Ave.

17. (a) Burial (b) Date thereof Jan. 5, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Chas. A. Bull
 (b) Address 4452 Washington St.

19. (a) JAN 4 1943 (b) J. F. Biedick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 92
 (d) Street No. 1025 Frey Ave.
(If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 2
 year 1943 hour 6:15 minute P. M.

21. I hereby certify that I attended the deceased from October
6, 1942 to January 2, 1943;
 that I last saw him alive on January 2, 1943;
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to
 Due to
 Other conditions 13
(Include pregnancy within 3 months of death)

Major findings:
 Of operations
 Of autopsy refused

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?
(Specify type of place)
 While at work? (c) Means of injury 0

23. Signature Drew M. O'Connell (M.D. or other)
 Address 1515 Lafayette Ave. Date signed 1/4/43

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

MOTHER, FATHER

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JE-9933

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 *John Letter*
..... Licensed Embalmer No. *3880*

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.