

FILED JAN 14 1943

818

Primary Registration District No. _____

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: City Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 day
(Specify whether)
 In this community Life
years, months or days

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. 3413 DeKalb
(If rural, give location)
 (e) Citizen of foreign country? -- (Yes or No)
 If yes, name country _____

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3. (a) PRINT FULL NAME Richard Lopez

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

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

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

7. Birth date of deceased July 19, 1942
(Month) (Day) (Year)

8. AGE: Years 5 Months 15 Days -- If less than one day -- hr. -- min.

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

10. Usual occupation --

11. Industry or business --

12. Name Antonio Lopez

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

14. Maiden name Muriel Kitchen

15. Birthplace Webb City, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Muriel Lopez

(b) Address 3413 DeKalb St.

17. (a) Burial (b) Date thereof 1 5 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthew's Cem.

18. (a) Signature of funeral director Alfred J. Perry

(b) Address 3634 Gravois Avenue

19. (a) JAN 5 1943 (b) J. F. Brouck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 4
 year 1943 hour 9:55 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h_____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

(e) Means of injury _____

23. Signature Alfred J. Perry (M. D. or other) _____

Address Deputy Coroner Date signed 1/5/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

2018

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.....

No Embalming

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Frank J. Dyland

Licensed Embalmer No.....

2645

P. O. Address.....

W. B. D. Co.

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.