

U.S. No. 2
FORM-5-42
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. D

LED APR 15 1943 84

Registration District No. 84

Primary Registration District No. 101

Registrar's No. 572

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis County Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 YRS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 100

(a) State Missouri (b) County 17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 1428 N. 21st St.
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME JOHN MAZIQUE

3. (b) If veteran, name war _____

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8
year 1943 hour 3 minute P M.

4. Sex male 5. Color or race negro

6. (a) Single, widowed, married divorced married

6. (b) Name of husband or wife Ada Mazique

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased Jan. 2 1897
(Month) (Day) (Year)

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

Immediate cause of death Natural causes. Duration _____

8. AGE: Years 46 Months 2 Days 6 If less than one day _____ hr. _____ min.

Due to Syphilitic aortitis; Focal fibrosis of myocardium; Fatty infiltration of myocardium; Congestion & edema of lungs;

Due to infiltration of myocardium; Congestion & edema of lungs;

Other conditions Congestion of spleen and gastro intestinal tract; Arteriosclerosis

Major findings: sclerosis of aorta and coronary arteries.

Of operations _____

Of autopsy Yes. 30

PHYSICIAN _____ Underline the cause to which death should be charged statistically.

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

10. Usual occupation Wash Hauler

11. Industry or business Cleaning Ash Pits

12. Name unknown

13. Birthplace Pa. 1
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace Pa. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Ada Mazique

(b) Address 1428 N 21st St

17. (a) Burial (b) Date thereof 3-10-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Father Dickson

18. (a) Signature of funeral director ATKINS BROS

(b) Address 3644 Finney Ave

19. MAR 11 1943 (b) E. J. McElverson M.D.
(Date received local registrar) (Registrar's signature) E. J.

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)

23. Signature Joseph H. Brown (M. D. or other) 3

Address Kirkwood, Mo. 3-9-43 Date signed _____

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

2026

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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

Ronnie V. Atkins

Licensed Embalmer No. *2842*

P.O. Address *3644 Finney*

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.