

FILED APR 28 1943

818

Registration District No.

Primary Registration District No.

1003

Registrar's No.

3645

1. PLACE OF DEATH:

(a) County **St. Louis MO.** **M**
(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:
1919 Cherokee St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **35 Years in St Louis.** (Specify whether
In this community **35 Years in St Louis.** (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **1919 Cherokee St.**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **RICHARD GONZALES**

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 **Married**
6. (b) Name of husband or wife **LULU GONZALES** 6. (c) Age of husband or wife if alive **41** years
7. Birth date of deceased **Aug. 12 1891**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 **8** **5** hr. min.

9. Birthplace **Chicago Ills.** (City, town, or county) (State or foreign country)

10. Usual occupation **Truck Driver**

11. Industry or business

12. Name **Anthony Gonzales**

13. Birthplace **Unknown** (City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Lulu Gonzales**

(b) Address **1919 Cherokee St.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **April 20 / 43**
(Month) (Day) (Year)

(c) Place: burial or cremation **NATIONAL CEM**

18. (a) Signature of funeral director **Stodolits & Son**

(b) Address **2906 Gravois Ave**

19. (a) **APR 19 1943** (Date received local registrar) (b) **J. F. Brudeck** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **17**
year **1943** hour **12 45** minute **P.M.** M.

21. I hereby certify that I attended the deceased from **January 19 1943** to **Apr 17 1943**
that I last saw him alive on **Apr 17 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Addison's Disease of suprarenals**
Arteriosclerosis Coronary
Myocarditis
Gastric Ulcers
Due to
Due to

Duration
5 years
7 years
7 years
2 years

Other conditions **Chronic Bronchitis**
(Include pregnancy within 3 months of death)

Major findings: **Hemorrhoids**
Of operations

Of autopsy

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) **NO**
(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?

23. Signature **Leroy E. Ellison MD** (Specify type of place) (M. D. or other) **MD**
While at work? (e) Means of Injury
Address **3616 50 Broadway** Date signed **7-17-43**

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

MOTHER FATHER

APR 28 1943

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed *David Van Fossan*

Licensed Embalmer No. *4242*

P. O. Address. *2906 Harrison*

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.