

S. No. 2  
M-5-42  
7-5-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16374**

FILED JUN 14 1943

318

Primary Registration District No. **1003**

Registrar's No. **5132**

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

1. PLACE OF DEATH:

(a) County.....  
(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:  
**Homer Phillips Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **22 days**  
In this community..... **17 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Carl Marcena**

3. (b) If veteran, name war..... **NONE** 3. (c) Social Security No.....

4. Sex **MALE** 5. Color or Race **NEURO** 6. (a) Single, widowed, married, divorced **WIDOWED**

6. (b) Name of husband or wife..... **NONE** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **DEC. 25 1949**  
(Month) (Day) (Year)

8. AGE: Years **73** Months **5** Days **6** If less than one day hr. min.

9. Birthplace **MEXICO** (City, town, or county) **MO** (State or foreign country)

10. Usual occupation **SANITOR**

11. Industry or business **SELF**

MOTHER FATHER { 12. Name **DONT KNOW**  
13. Birthplace **DONT KNOW** 9 (City, town, or county) (State or foreign country)  
14. Maiden name **DONT KNOW**  
15. Birthplace **DONT KNOW** 9 (City, town, or county) (State or foreign country)

16. (a) Informant **James Gray**

(b) Address **1710 So. Handley Rd.**

17. (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof **6/15/43** (Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood Burial Home**

18. (a) Signature of funeral director **James D. Peltier**

(b) Address **3030 Bell Ave.**

19. (a) **JUN 2 1943** (Date received local registrar) (b) **J. F. Bredek** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....  
(c) City or town..... **Richmond Heights, MO**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1710 So. Handley Rd.**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No) **/**  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **1**, year **1943** hour **8** minute **35 P.** M.

21. I hereby certify that I attended the deceased from **May 19, 1943** to **June 1, 1943**; that I last saw him alive on **June 1, 1943**; and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerosis (general and Cerebral) - Unk. Bronchopneumonia**  
Duration **1 week**

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) **107**

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?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature **S. E. Smith** (M. D. or other) Address **1601 W. Hunter** Date signed **6/2/43**

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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.....

*William C. McDowell*

....., Registered Apprentice No.....

working under my personal supervision.

Signed

*William C. McDowell*

Licensed Embalmer No. *2114*.....

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.