V. S. No. 2
00M—2-43
ev. 5-17-39
1 X

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23004

FILED JUL 24 1943 318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 6454

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

1. PLACE OF DEATH:

(a) County

(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: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town ST. ~~Louis~~ University City
(If outside city or town limits, write "RURAL")

(d) Street No. 1468 Lyndale. N.R.
(If rural, give location)

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

3. (a) PRINT FULL NAME GARZA - Fred

3. (b) If veteran, name war

3. (c) Social Security No. 498-09-0157

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Maximiana Garza

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

7. Birth date of deceased April (Month) 8 (Day) 1883 (Year)

8. AGE: Years 60 Months 3 Days 7 If less than one day hr. min.

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

10. Usual occupation Chef

11. Industry or business

FATHER
12. Name Anastasio Garza
13. Birthplace Old, Mexico (City, town, or county) 3 (State or foreign country)

MOTHER
14. Maiden name Maximiana Villarreal
15. Birthplace Old, Mexico (City, town, or county) 3 (State or foreign country)

16. (a) Informant Frances Garza
(b) Address 1468 Lyndale

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 17 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Edith E. Ambruster
(b) Address 4234 Manchester

19. (a) JUL 16 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 15 year 1943 hour 5 minute 15 P.M.

21. I hereby certify that I attended the deceased from 7-11-43, 1943, to 7-15-43, 1943; that I last saw him alive on 7-15-43, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial infarction	Terminal
Due to Coronary occlusion	
Due to Coronary arteriosclerotic disease	
Other conditions (Include pregnancy within 3 months of death) Intestinal obstruction	

Major findings:
Of operations
Of autopsy Coronary occlusion

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? (e) Means of injury

23. Signature M. C. Abney (M. D. or other)
Address BARNES HOSPITAL Date signed 7/15/43

(Licensed Embalmer's Statement on Reverse Side)

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 Fitton

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.