

S. No. 2  
M-5-43  
v. 5-17-39  
I X36671

4851

DEPARTMENT OF HEALTH  
BUREAU OF THE CENSUS  
FILED FEB 18 1944

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. \_\_\_\_\_  
Registrar's No. 1358

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town City of St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
6929 Pennsylvania  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 46 years  
years, months or days

3. (a) PRINT FULL NAME Rita Alvarez  
3. (b) If veteran, name war none  
3. (c) Social Security No. none

4. Sex female 5. Color or race white  
6. (a) Single, widowed, married, 2 divorced widowed  
6. (b) Name of husband or wife Barney Alvarez  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased February 20 1864  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
79 11 20 hr. min.

9. Birthplace Spain 5  
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business none

12. Name unknown

13. Birthplace Spain 5  
(City, town, or county) (State or foreign country)

14. Maiden name Fernandez

15. Birthplace Spain 5  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Alvarez  
(b) Address 6929 Pennsylvania

17. (a) burial (b) Date thereof 2-12-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Southern Funeral Home  
(b) Address 6322 South Grand Blvd.

19. (a) FEB 11 1944 (b) J. P. ...  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 17  
(c) City or town City of St. Louis 91  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6929 Pennsylvania Avenue  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country 10

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb. day 9th  
year 1944 hour 11:45 minute p.M.  
21. I hereby certify that I attended the deceased from 1-13-44  
to 2-9-44, 1944  
that I last saw her alive on 2-8-44, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions 82  
(Include pregnancy within 3 months of death)  
Major findings:  
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) \_\_\_\_\_  
(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)  
Means of injury MI  
23. Signature Charles Ebers (M. D. or other) M.D.  
Address 7602 S. Broadway Date signed 2-11-44

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

MOTHER FATHER

Dr Charles Ehlers  
760 2 So. Broadway  
10-12-58

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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.....

*Virgil L. Berryman*  
.....

Licensed Embalmer No. *34018*

P. O. Address.....

*St. Louis, Mo.*

**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.