

FILED 7 1945

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STANDARD CERTIFICATE OF DEATH

1003

Registrar's No.

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....  
 (b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
St. Louis Children's Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution..... 0 (Specify whether  
 In this community.....  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Madison  
 (c) City or town Alton  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 326 E. 12th St.  
(If rural, give location)  
 (e) Citizen of foreign country?..... 21  
(Yes or No)  
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 24  
 year 45 hour 11 minute 35 A.M.  
 21. I hereby certify that I attended the deceased from 10 - 21  
 1945 to 11 - 24, 1945;  
 that I last saw her alive on 11 - 24, 1945  
 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death.....

Acute Rheumatic Fever

Due to.....

Due to.....

Other conditions.....  
(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) (e) Means of injury.....

23. Signature R. J. Bltton (M. D. or other).....  
 Address Dr. R. Kuehly Date signed.....

3. (a) PRINT FULL NAME Acuna, Elsa Maria

3. (b) If veteran, name war Nil 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased June 3 1937  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>8</u>	<u>5</u>	<u>21</u>	hr. _____ min. _____

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

10. Usual occupation: Student

11. Industry or business.....

12. Name Eduardo Acuna

13. Birthplace Tobasco Mexico  
(City, town, or county) (State or foreign country)

14. Maiden name Elsa Mena

15. Birthplace Yucatan Mexico  
(City, town, or county) (State or foreign country)

16. (a) Informant Eduardo Acuna

(b) Address Alton, Ill.

17. (a) Removal (b) Date thereof 11-27-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mexico City, Mexico

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) NOV 26 1945 (b) J. F. Bredt (Registrar's signature)

NOV 26 1945

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

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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..... *John Ogonosh*.....  
Licensed Embalmer No. *3398*.....

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.**