

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 28 1946
318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

35561
State File No. 8931
Registrar's No.

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH:
(a) County
(b) City or town ST. LOUIS
(c) Name of hospital or institution JEWISH HOSP. O.
(d) Length of stay: In hospital or institution
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County
(c) City or town ST. LOUIS
(d) Street No. 3501 N. NEWSTAD
(e) Citizen of foreign country?

3. (a) PRINT FULL NAME JOSEPH M. SAINZ
(b) If veteran, name war
(c) Social Security No. NONE

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased SEPT 3 1889

8. AGE: Years 57 Months 1 Days 15 If less than one day

9. Birthplace MEXICO 2

10. Usual occupation REPRESENTATIVE
11. Industry or business IMPORT-EXPORT

12. Name PETER SAINZ

13. Birthplace MEXICO 2

14. Maiden name PETRA GUTERREZ
15. Birthplace MEXICO 2

16. (a) Informant RUSSELL J. SAINZ
(b) Address 3501 N. NEWSTAD

17. (a) ~~BURIAL~~ (b) Date thereof 10-19-46
(c) Place: burial or cremation MEXICO CITY, MEXICO

18. (a) Signature of funeral director STROOP-CARROLL
(b) Address 4600 N. 7th BRIDGE

19. (a) OCT 18 1946 (b) J. F. Bredenk
(Date recd and local registration) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 18
year 1946 hour 3 minute 40 A.M.
21. I hereby certify that I attended the deceased from Oct. 4
1946, to Oct. 18, 1946
that I last saw him alive on Oct 17
and that death occurred on the date and hour stated above.

Immediate cause of death Massive mesenteric thrombosis

Due to Unknown origin

Other conditions
Major findings: Of operations
Of autopsy Massive mesenteric thrombosis

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?
(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 Russell J. Wadsworth (M. D. or other)
Address 216 S. Kingshigh way Date signed Oct 18 1946

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

35561

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..... *Ben E. Hoffman*

Licensed Embalmer No. *4366*

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.