

No. 2
5-43
1-17-39
X36671

THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43027
Registration District No. 318
Primary Registration District No. 1003
Registrar's No. 10327

FILED DEC 17 1946

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

1. PLACE OF DEATH:

(a) County ST LOUIS

(b) City or town ST LOUIS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Deaconess Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 1/2 HRS
(Specify whether years, months or days)

3. (a) PRINT FULL NAME ERNESTO TENLLADO

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex MALE () race WHITE

5. Color or race WHITE

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

6. (b) Name of husband or wife X

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

7. Birth date of deceased JAN 4 1943
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>3</u>	<u>10</u>	<u>29</u>	hr. min.

9. Birthplace EAST ST LOUIS ILL I
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business Child

12. Name ERNEST TENLLADO 5

13. Birthplace SPAIN MD
(City, town, or county) (State or foreign country)

14. Maiden name GABYS SHEETS

15. Birthplace EAST ST LOUIS ILL
(City, town, or county) (State or foreign country)

16. (a) Informant Ernesto Tenllado

(b) Address 411 N 27 St E St Louis Ill

17. (a) E ST LOUIS (b) Date thereof DEC 4 1946
(Basal, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation E. ST LOUIS

18. (a) Signature of funeral director Robins Funeral Home

(b) Address 417 N 8 St E St Louis Ill

19. (a) DEC 3 1946 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State ILL (b) County ST CHARLES 997

(c) City or town EAST ST LOUIS 11
(If outside city or town limits, write "RURAL") NR 0

(d) Street No. H 11 N 27 ST
(If rural, give location)

(e) Citizen of foreign country? X (Yes or No) 2
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 3
year 1946 hour 5 minute 50 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death 1. Fracture of skull
2. Brain injury when the
automobile in which he was
driving
occurred and being driven by
Ernesto Tenllado, East St. Louis,
Ill. at the edge of Collingwood
Illinois referred to as
being struck by another vehicle
whose driver was unknown and went to
hospital

Major findings: fracture skull
December 1, 1946
Of autopsy: _____

22. If death was due to external causes, fill in the following:
(a) Accidents, suicide, or homicide (specify) Accidents
(b) Date of occurrence Dec 1 1946
(c) Where did injury occur? St Louis Ill
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Durban Highway
(Specify type of place)

23. Signature Patricia E Taylor 6 above
(Date received local registrar) (Date signed)
Address 1300 Clark

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 me

Ben H. Baldwin

, Registered Apprentice No. 2420

working under my personal supervision.

Signed Ben H. Baldwin

Licensed Embalmer No. 2420

P. O. Address East St. Louis Ill.

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.