No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28289

FILED SEP 13 1948

Registration District No. 818 — Primary Registration District No. 1003 — Registrar's No. 7821

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: Enroute City Hospital #1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3901 N. Wharf Street (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ESPERIDION VALDEZ

3. (b) If veteran, name war

3. (c) Social Security No. 703-01-0908

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mariana Valdez

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

7. Birth date of deceased December 13-1884 (Month) (Day) (Year)

8. AGE: Years 63 Months 8 Days 21 If less than one day hr. min.

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

10. Usual occupation Boiler Maker Helper

11. Industry or business

FATHER
12. Name (Unknown) Valdez
13. Birthplace Mexico (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Lupe Barboza
(b) Address 2219a S. 2nd Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-7-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Mordell Und
(b) Address 1926 Allen Avenue

19. (a) SEP 6 1948 (Date received local registrar) (b) J Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 4th year 1948 hour 12:25 minute 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 Fracture of skull; Internal hemorrhage from ruptured spleen, when he was struck by New York Central passenger train #446, manned by Charles W. Purcell and Thomas F. Hyde, engineers, and Wilbur Lee, fireman, at the intersection of Bremen and Hall Streets, around 12:25 A.M. CST. Sept. 4, 1948.

Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 169-8
Of autopsy 216

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) accident
(b) Date of occurrence 9-4-48
(c) Where did injury occur? Bremen & Hall St. St. Louis (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? public place
While at work see above (Specify type of place) Means of injury see above

23. Signature [illegible] (M. D. or other)
Address [illegible] Date signed 9/6/48

(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 .....

.....Me....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Benj. L. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen Avenue

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.