

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

2076

FILED JAN 13 1949

State File No. _____

Registration District No. 267

Primary Registration District No. 5906

Registrar's No. 3

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Andrea Garcia

3. (b) If veteran, name war 1700 3. (c) Social Security No. 700

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

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

7. Birth date of deceased September 16 1948
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 3 16 hr. min.

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

10. Usual occupation Child

11. Industry or business _____

12. Name Paul Garcia

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

14. Maiden name Sabra Corous

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

16. (a) Informant Paul Garcia

(b) Address Hardell, Mo

17. (a) Burial (b) Date thereof 1-3-49
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hardell, Mo

18. (a) Signature of funeral director John Herman

(b) Address St. Louis, Mo

19. (a) 1-9-49 (b) John W. Herman
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 2
 year 1949 hour 4 minute 31 A.M.

21. I hereby certify that I attended the deceased from Dec. 29, 1948, to January 2, 1949
 that I last saw her alive on January 2, 1949
 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia

Due to _____

Due to _____

Other conditions Malnutrition
 (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 491

Duration

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 U

23. Signature W. Bond M.D. (M. D. or other)
 Address St. Louis, Mo Date signed 1-49

1-49-28

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.

W. G. Embalmer
Signed.....

Licensed Embalmer No.....

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.