

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28505

State File No. ....

FILED AUG 27 1949

318

1003

Registrar's No. 2287

BIRTH NO. 36684-49 REG. DIST. NO. PRIMARY REG. DIST. NO.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Farmington	
c. LENGTH OF STAY (in this place) 2 days		d. STREET ADDRESS (If rural, give location) n R.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Anthonys Hospital			
3. NAME OF DECEASED a. (First) Gary b. (Middle) LYNN c. (Last) SANTOYO		4. DATE OF DEATH (Month) (Day) (Year) 8-18-1949	
5. SEX male	6. COLOR OR RACE white	7. MARRIED NEVER MARRIED, WIDOWED DIVORCED (Specify) <i>infant</i>	8. DATE OF BIRTH 6-25-1949
9. AGE (in years last birthday) 1		IF UNDER 1 YEAR Months 23	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>me</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Farmington Mo
12. CITIZEN OF WHAT COUNTRY? USA.			
13a. FATHER'S NAME James Santoyo		13b. MOTHER'S MAIDEN NAME SUSAN Fitzgerald	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS James Santoyo Farmington
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Anterior Poliomyelitis Bulbo Encephalitic form Antecedent causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) with Respiratory Paralysis DUE TO (c) I. OTHER SIGNIFICANT CONDITIONS Jaruminal Pneumoniae (Aspiration) II. OTHER SIGNIFICANT CONDITIONS Jaruminal Pneumoniae (Aspiration)	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 36.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 0800	
22. I hereby certify that I attended the deceased from 8-16, 1949, to 8-18, 1949, that I last saw the deceased alive on 8-18, 1949, and that death occurred at 2:15 p.m., from the causes and on the date stated above.			
23a. SIGNATURE <i>Wm. W. ...</i> (Degree or title)		23b. ADDRESS <i>Wid. St. ...</i>	23c. DATE SIGNED 8-19-49
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 8-20-49	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) Farmington Mo.
DATE REC'D BY LOCAL REG. AUG 22 1949	REGISTRAR'S SIGNATURE <i>J. B. ...</i>	25. FUNERAL DIRECTOR'S BUSINESS ADDRESS <i>Rowland Mortuary Service Inc. 1124 Manchester Ave. St. Louis 10, Mo.</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

7287

3061 22 010

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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Van M. Simpson*

Licensed Embalmer No. *4343*

P. O. Address *St. Louis Mo*

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.